

STATE OF TENNESSEE Form No. 4A COURT CIRCUIT	<b>SUBPOENA DUCES TECUM (ORDER TO APPEAR) (CIVIL)</b>	CASE FILE NUMBER L-17552
PLAINTIFF(S)  FAYE HUDSON AND WILLIAM HUDSON JOHN DOE	VS.	COUNTY BLOUNT DEFENDANT(S)  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY and

TO ANY LAWFUL OFFICER OF THE STATE OF TENNESSEE: Summon the below named witnesses by leaving a copy of this subpoena with each one. Make return to this court.

TO WITNESSES: Pursuant to Rule 45.02 of the Tennessee Rules of Civil Procedure, you are commanded to produce and permit inspection and copying of the items designated below. Please be advised that personal appearance is not required. However, you are required to swear and affirm that the items being produced are authentic to the best of your knowledge, information and belief and to state whether or not all of the items responsive to this Subpoena duces tecum have been produced for inspection and copying. This Subpoena for production of documentary evidence is on behalf of the Defendants, represented by Chad E. Wallace, Esq., Baker, Donelson, Bearman, Caldwell & Berkowitz, 100 Med Tech Parkway, Suite 200, Johnson City, Tennessee 37602.

WITNESSES		TESTIFY for Plain.   Def.		RETURN OF SERVICE	
Names & Addresses				Date Served   Failed	Comment: Method of service or reason failed
PARK MED URGENT CARE CENTER 117 GILL STREET ALCOA, TN 37701			x		
See attached <u>Exhibit A</u> for a description of documents					
Date of Production: MAIL ON OR BEFORE FEBRUARY 10, 2012	Address Please mail records to: Baker, Donelson, Bearman, Caldwell & Berkowitz 100 Med Tech Parkway, Suite 200 Johnson City, TN 37602 (423) 928-0181			Officer's Remarks	
Date Witnessed	Signature of Clerk <i>Tom Hutter</i>			Date Received	Authorized Officer
Date Issued 1-24-12	Signature of Deputy Clerk <i>Alf</i>			Date of Return	Authorized Officer

**FILE COPY**

STATE OF TENNESSEE Form No. 4A COURT CIRCUIT	<b>SUBPOENA DUCES TECUM (ORDER TO APPEAR) (CIVIL)</b>	CASE FILE NUMBER L-17552
PLAINTIFF(S)  FAYE HUDSON AND WILLIAM HUDSON JOHN DOE	VS.	DEFENDANT(S)  STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY and

TO ANY LAWFUL OFFICER OF THE STATE OF TENNESSEE: Summon the below named witnesses by leaving a copy of this subpoena with each one. Make return to this court.

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WITNESSES Names & Addresses	TESTIFY for Plain.   Def.		RETURN OF SERVICE Date Served   Failed		Comment: Method of service or reason failed
	Marino Therapy Centers 8904 Cross Park Drive Knoxville, TN 37923		x		
See attached <u>Exhibit A</u> for a description of documents					
Date of Production: MAIL ON OR BEFORE FEBRUARY 10, 2012	Address Please mail records to: Baker, Donelson, Bearman, Caldwell & Berkowitz 100 Med Tech Parkway, Suite 200 Johnson City, TN 37602 (423) 928-0181		Officer's Remarks		
Date Witnessed	Signature of Clerk <i>Tom Huter</i>		Date Received	Authorized Officer	
Date issued 1-24-12	Signature of Deputy Clerk <i>Deffen</i>		Date of Return	Authorized Officer	

**FILE COPY**

**FILED**  
AUG 16 2011  
TOM HATCHER  
CIRCUIT COURT CLERK

§ 102-21-102. (a) The following shall constitute the official seal of the State of Connecticut:

### AGREED ORDER OF REMOVAL TO CIRCUIT COURT

Case 3:12-cv-00083-RLJ-HBG Document 1-1 Filed 02/21/12 Page 3 of 96 PageID #: 7

JUDGE

APPROVED FOR ENTRY:

*Horace M. Brown* w/ permission  
by CEW

Horace M. Brown, BPR No. 001870  
105 North Court Street  
Maryville, Tennessee 37804-5721  
Phone: (865) 982-9489  
[Horace105@aol.com](mailto:Horace105@aol.com)

*Attorney for Plaintiffs*

*Chad E. Wallace*

Chad E. Wallace, BPR No. 021741  
BAKER, DONELSON, BEARMAN,  
CALDWELL & BERKOWITZ, P.C.  
100 Med Tech Parkway, Suite 200  
P.O. Box 3038  
Johnson City, Tennessee 37602  
Phone: (423) 928-0181  
Facsimile: (423) 979-7639  
[cwallace@bakerdonelson.com](mailto:cwallace@bakerdonelson.com)

*Attorney for Defendant*  
*State Farm Mutual Automobile Insurance Company*

BLOUNT COUNTY CIRCUIT COURT  
FIFTH (5TH) JUDICIAL DISTRICT  
TOM HATCHER, CLERK  
926 EAST LAMAR ALEXANDER PARKWAY  
MARYVILLE, TN 37804-6201

OFFICE PHONE - (865) 273-5400

NOTICE

08/16/2011

TO: CHAD E WALLACE ATTORNEY  
100 MED TECH PKY, SUITE 200  
PO BOX 3038  
JOHNSON CITY, TN 37602

RE: FAYE HUDSON & WILLIAM HUDSON  
vs

STATE FARM MUTUAL INS CO & JOHN DOE

Case Number: L-17552  
Judge: David R Duggan  
NON-JURY Setting

To Whom It May Concern:

Please be advised that this case was transferred from the General Sessions Court and was filed in the Blount County Circuit Court on August 16, 2011.

Please indicate on your pleadings the appropriate Judge. It will be your responsibility to set all matters in this case with that Judge's secretary.

Thank you for your cooperation in this matter.

TOM HATCHER  
CIRCUIT COURT CLERK

BY: \_\_\_\_\_

Clerk

Deputy

**ELECTRONIC DEVICES (TAPE RECORDERS, CAMERAS, CELLULAR TELEPHONES, BEEPERS, RADIOS, ETC.) WILL NOT BE PERMITTED IN THE COURTROOM.**

**FILE COPY**

BLOUNT COUNTY CIRCUIT COURT  
FIFTH (5TH) JUDICIAL DISTRICT  
TOM HATCHER, CLERK  
926 EAST LAMAR ALEXANDER PARKWAY  
MARYVILLE, TN 37804-6201

OFFICE PHONE – (865) 273-5400

NOTICE

08/16/2011

**TO: HORACE M BROWN**  
**105 NORTH COURT STREET**  
**MARYVILLE, TN 37804-5721**

RE: FAYE HUDSON & WILLIAM HUDSON  
vs

STATE FARM MUTUAL INS CO & JOHN DOE

Case Number: L-17552  
Judge: David R Duggan  
NON-JURY Setting

To Whom It May Concern:

Please be advised that this case was transferred from the General Sessions Court and was filed in the Blount County Circuit Court on August 16, 2011.

Please indicate on your pleadings the appropriate Judge. It will be your responsibility to set all matters in this case with that Judge's secretary.

Thank you for your cooperation in this matter.

TOM HATCHER  
CIRCUIT COURT CLERK

BY:  \_\_\_\_\_

Clerk

Deputy

**ELECTRONIC DEVICES (TAPE RECORDERS, CAMERAS, CELLULAR TELEPHONES, BEEPERS, RADIOS, ETC.) WILL NOT BE PERMITTED IN THE COURTROOM.**

**FILE COPY**

LAW OFFICES

ARNETT, DRAPER AND HAGOOD

LEWIS R. HAGOOD  
WILLIAM A. SIMMS  
F. MICHAEL FITZPATRICK  
RICK L. POWERS  
DAN D. RHEA  
STEVEN L. HURDLE  
R. KIM BURNETTE  
SAMUEL C. DOAK  
  
OF COUNSEL  
JACK B. DRAPER

SUITE 2300  
FIRST TENNESSEE PLAZA  
KNOXVILLE, TENNESSEE 37929-2300  
TELEPHONE 865/546-7000  
FAX: 865/546-0423  
WWW.ADHKNOX.COM  
P.O. BOX 300  
KNOXVILLE, TENNESSEE 37901-0300

THOMAS M. COLE  
BRODERICK L. YOUNG  
JAY W. MADER  
PATRICK DOYLE DODSON  
MELODY J. BOCK  
ROBERT B. FROST, JR.  
STACIE D. MILLER\*  
RACHEL PARK HURT

\*ALSO LICENSED IN LOUISIANA  
FOSTER D. ARNETT  
(1920-2002)

April 27, 2011

Thomas E. Hatcher  
Circuit Court Clerk  
926 E Lamar Alexander Pkwy  
Maryville, TN 37804

Re: Faye Hudson v. State Farm Insurance Companies  
Blount County General Sessions Court No. V0040106

Dear Mr. Hatcher:

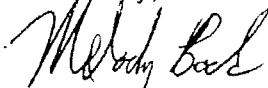
Please note enclosed for filing a Special Appearance in the captioned litigation.

Also enclosed is a copy of same which we request you stamp as filed. By copy of this letter we are serving the notice upon the *pro se* plaintiff, Faye Hudson.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact us.

With kind regards,

Sincerely,



Melody Bock

MB/el

Enclosure

**IN THE GENERAL SESSIONS COURT FOR BLOUNT COUNTY, TENNESSEE**

FAYE HUDSON,  
208 Bob White Cir.  
Maryville, TN 37803,

Plaintiff,

v.

STATE FARM INSURANCE COMPANIES,  
Murfreesboro Operations Center  
2500 Memorial Boulevard  
Murfreesboro, TN 37131-0001,

Defendant.

No. V0040106

**SPECIAL APPEARANCE BY STATE FARM  
MUTUAL AUTOMOBILE INSURANCE COMPANY AND MOTION TO DISMISS**

Comes attorney Melody Bock, Rick Powers and the law firm of Arnett, Draper & Hagood, and hereby makes special appearance on behalf of State Farm Mutual Automobile Insurance Company (hereinafter State Farm), without waiving any rights or defenses and moves to dismiss the Complaint/Summons filed against State Farm pursuant to **Rule 12** and **12.02 (1) (2) (4) (5) (6) (7) and (8)** of the Tennessee Rules of Civil Procedure and **T.C.A. § 56-2-502, Service of Process on foreign and alien companies -- Definitions.(1) (2) (3) (4); T.C.A. § 56-2-503 Commissioner as attorney for purpose of process (a) (c); T.C.A. § 56-2-504 Any lawful process may be served on commissioner or secretary of state-Requirements- (a) and T.C.A. § 56-7-1206 et seq. Service of process-actions by insurers-Joe Doe warrants-Arbitration** and more specifically sections of that statute **(a), (b) and TCA § 28-3-104 Personal tort actions (a) (3)** which states as follows: (a) The following actions shall be commenced within one (1) year after the cause of action accrued: (3) Civil actions for



compensatory or punitive damages, or both, brought under the federal civil rights statutes.

State Farm, through counsel, asserts that the plaintiff does not have proper service on State Farm as State Farm's Registered Agent for service of process is the Tennessee Commissioner of Insurance as required by Tennessee statutes, T.C.A. §§ 56-2-502, 56-2-503 and 56-2-504. Plaintiffs alleged service was on someone at the Nashville State Farm claims office. Furthermore, the plaintiff's claims arise out of an automobile accident with an alleged John Doe driver. As plaintiff has failed to sue and join an indispensable party, John Doe, no action can be brought against the uninsured motorist carrier for uninsured motorist benefits. Furthermore, the plaintiff no longer has a valid claim against John Doe because the applicable one year statute of limitations set out in T.C.A. § 28-3-104 has run on the John Doe claim. Therefore, plaintiff has no valid uninsured motorist claim. (See *Lane v. Montgomery*, S.W. 3d, 2007WL 1860903, *Lipsomb v. Doe*, 32 S.W. 3d 840, 848 n. 7, Tenn. 2000).

Plaintiff has attempted to file a direct action against State Farm which she is not allowed to do pursuant to the Tennessee uninsured motorist statute (T.C.A. § 56-7-1206, *et seq.*) and Tennessee case law. (See *Brewer v. Richardson* 893 S.W. 2d 935, TN Sup.Ct. 1995). As there is no viable claim against John Doe, there can be no claim against State Farm as the uninsured motorist so this Court has no subject matter jurisdiction.

As plaintiff has failed to obtain service of process against State Farm by failing to serve State Farm's registered agent, and as plaintiff has failed to join an indispensable party, John Doe, prior to the statute of limitations for personal injury actions running

against the John Doe thereby causing plaintiff to have no uninsured motorist claim before this Court for which jurisdiction could apply, and as plaintiff has attempted to file a direct action against State Farm for an uninsured motorist claim which is not allowed, State Farm moves the court for a dismissal with prejudice and on the merits as to plaintiff's claims against State Farm on the grounds that as a matter of law, plaintiff has no service against State Farm and no legal claims against State Farm Mutual Automobile Insurance Company and the Court has no subject matter jurisdiction of the claim as plaintiff has failed to include an indispensable party, John Doe. Further, as a matter of law, any claims against John Doe are time barred thus no uninsured motorist claim can be brought against State Farm.

Respectfully submitted this 27th day of April, 2011.

ARNETT, DRAPER & HAGOOD

By: 

Rick L. Powers, BPR #001692  
Melody J. Bock, BPR #006905  
Attorneys for State Farm Mutual  
Automobile Insurance Company  
2300 First Tennessee Plaza  
Knoxville, TN 37929-2300  
(865) 546-7000

### CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and exact copy of this pleading or document has been served upon the *pro se* plaintiff Faye Hudson, 208 Bob White Circle, Maryville, TN 37803, in this case by delivering a true and exact copy of said pleading or document to the office of said counsel or by placing a true and exact copy of said pleading or document in the United States Mail, addressed as follows, with sufficient postage thereupon to carry the same to its destination.

This the 27<sup>th</sup> day of April, 2011.

ARNETT, DRAPER AND HAGOOD

By: Melody Baele

**IN THE GENERAL SESSIONS COURT FOR BLOUNT COUNTY, TENNESSEE**

FAYE HUDSON, and husband,  
WILLIAM HUDSON,  
208 Bob White Cir.  
Maryville, TN 37803,

Plaintiff,

v.

STATE FARM INSURANCE COMPANIES,  
Murfreesboro Operations Center  
2500 Memorial Boulevard  
Murfreesboro, TN 37131-0001,

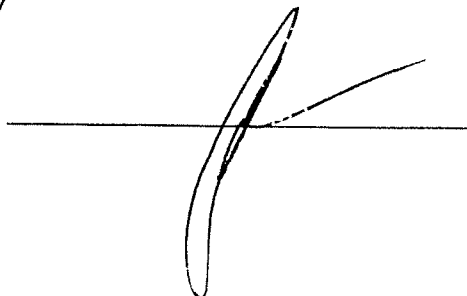
Defendant.

No. V0040106

**AGREED ORDER FOR SUBSTITUTION OF COUNSEL**

By agreement of the defendant and its attorneys and for good cause shown, it is ORDERED that Rick L. Powers, Melody J. Bock, and the law firm of Arnett, Draper & Hagood, 2300 First Tennessee Plaza, Knoxville, TN 37929, attorneys for the defendant, be allowed to withdraw as attorney of record in the above-styled action for the defendant and that Chad E. Wallace and the law firm of Baker, Donelson, Bearman, Caldwell & Berkowitz PC, 100 Med Tech Parkway, Suite 200, P.O. Box 3038, Johnson City, TN 37602-3038 be substituted as attorneys of record for the defendant in this cause.

ENTERED this 26 day of April, 2011.

A handwritten signature, possibly "C. Wallace", is written over a horizontal line. The signature is in cursive and extends below the line.

**APPROVED FOR ENTRY:**

BAKER, DONELSON, BEARMAN,  
CALDWELL & BERKOWITZ, P.C.

By: Chad E. Wallace *Chad E. Wallace*  
Chad E. Wallace, BPR No. 021741  
100 Med Tech Parkway, Suite 200  
P.O. Box 3038  
Johnson City, TN 37602-3038  
(423) 928-0181

ARNETT, DRAPER AND HAGOOD

By: Melody J. Bock *Melody J. Bock*  
Rick L. Powers, BPR #001692  
Melody J. Bock, BPR #006905  
Attorneys for State Farm Mutual  
Automobile Insurance Company  
2300 First Tennessee Plaza  
Knoxville, TN 37929-2300  
(865) 546-7000

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a true and exact copy of this pleading or document has been served upon counsel in this case by delivering a true and exact copy or by placing a true and exact copy of said pleading or document in the United States Mail, addressed to said counsel's office, with sufficient postage thereupon to carry the same to its destination.

Horace M. Brown, Esq.  
105 N Court Street  
Maryville, TN 37804-5721

This the 17 day of June, 2011.

ARNETT, DRAPER AND HAGOOD

By: Mary Boach

FAYE HUDSON, and husband,  
WILLIAM HUDSON,  
208 Bob White Cir.  
Maryville, TN 37803,

Plaintiff,

V.

STATE FARM INSURANCE COMPANIES,  
Murfreesboro Operations Center  
2500 Memorial Boulevard  
Murfreesboro, TN 37131-0001,

Defendant.

No. V0040106

**AGREED ORDER FOR SUBSTITUTION OF COUNSEL**

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ENTERED this 26 day of April, 2011.

**APPROVED FOR ENTRY:**

BAKER, DONELSON, BEARMAN,  
CALDWELL & BERKOWITZ, P.C.

By: Chad E. Wallace *per M. J. Bock*  
Chad E. Wallace, BPR No. 021741  
100 Med Tech Parkway, Suite 200  
P.O. Box 3038  
Johnson City, TN 37602-3038  
(423) 928-0181

ARNETT, DRAPER AND HAGOOD

By: Melody J. Bock  
Rick L. Powers, BPR #001692  
Melody J. Bock, BPR #006905  
Attorneys for State Farm Mutual  
Automobile Insurance Company  
2300 First Tennessee Plaza  
Knoxville, TN 37929-2300  
(865) 546-7000



**CERTIFICATE OF SERVICE**

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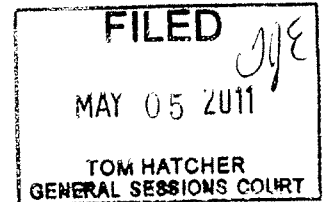
Horace M. Brown, Esq.  
105 N Court Street  
Maryville, TN 37804-5721

This the 17 day of June, 2011.

ARNETT, DRAPER AND HAGOOD

By: Mindy Boach

GENERAL SESSION COURT FOR BLOUNT COUNTY, TENNESSEE



FAYE HUDSON AND HUSBAND  
WILLIAM HUDSON

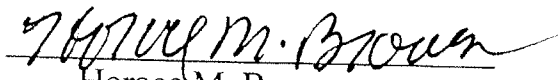
VS.

STATE FARM MUTUAL AUTOMOBILE  
COMPANY AND  
JOHN DOE

)  
)  
) Case No. V0040106  
)  
)  
)

CERTIFICATE OF SERVICE FOR AMENDED COMPLAINT

The undersign attorney for the Plaintiffs in this case hereby certifies that a true and correct copy of the Amended Complaint was served upon the attorney for State Farm Mutual Automobile Insurance Company's attorney Melody Bock at her address located at Arnett, Draper and Hagood Suite 2300 First Tennessee Plaza Knoxville, TN 37929-2300 by depositing, in the U.S. Mail, postage pre paid this 4<sup>th</sup> day of May 2011.

  
\_\_\_\_\_  
Horace M. Brown  
Attorney for the Plaintiffs

**STATE OF TENNESSEE  
Department of Commerce and Insurance  
500 James Robertson Parkway  
Nashville, TN 37243-1131  
PH - 615.532.5260, FX - 615.532.2788  
brenda.meade@tn.gov**

May 19, 2011

State Farm Mutual Auto Ins Company  
2500 Memorial Boulevard % Jeff Shay  
Murfreesboro, TN 37131-0001  
NAIC # 25178

Certified Mail  
Return Receipt Requested  
7010 2780 0001 2571 8803  
Cashier # 3215

Re: Faye & William Hudson V. State Farm Mutual Auto Ins Company  
Docket # V0040106

To Whom It May Concern:

Pursuant to Tennessee Code Annotated § 56-2-504 or § 56-2-506, the Department of Commerce and Insurance was served May 12, 2011, on your behalf in connection with the above-styled proceeding. Documentation relating to the subject is herein enclosed.

Brenda C. Meade  
Designated Agent  
Service of Process

Enclosures

cc: General Sessions Court Clerk  
Blount County  
932 E. Lamar Alexander Pkwy  
Maryville, Tn 37804

Docket No. V0040106

Plaintiff(s) Faye Hudson & husband  
William Hudson

Plt Atty

Tel #

VS

Defendant(s) State Farm Mutual  
Automobile Insurance  
Company and  
John Doe

Officers Return:

☐ I certify that I have served this Summons by reading same to all Defendants named above or by \_\_\_\_\_

and citing ☐ Defendant ☐ Defendants for trial on the 20<sup>th</sup> day of MAY, 2011, at 9:00 A.M  
☐ Diligent search made and Defendant(s) not to be found in my county, because \_\_\_\_\_

Date of Service: \_\_\_\_\_

(Sheriff/Deputy) \_\_\_\_\_

Pin # \_\_\_\_\_

## Civil Warrant

State of Tennessee, County of Blount

Tom Hatcher

General Sessions Court Clerk

TO ANY LAWFUL OFFICER TO EXECUTE AND RETURN:

Summon the named Defendant(s) to appear in the Blount County General Sessions Court, at the Blount County Justice Center to answer a civil suit being brought by the named Plaintiff(s), for \$ 25,000.00 as indicated below, in an action based on: claims for personal injury for all damages to both Plaintiff's arising out of motor vehicle accident occurring on March 22, 2010 on Old Knoxville Highway Maryville, Blount County TN This claim arises out of Plaintiff's insurance carrier Defendant State Farm Mutual Automobile Ins. Co.; and is served pursuant to Title 56 of TCA. All damages for bad faith against Defendant State Farm & breach of contract

Issued this 4 day of May, 2011.

Tom Hatcher, Clerk of the General Sessions Court

by: M Gregory D.C.

### JUDGMENT ON THE ABOVE COMPLAINT

- ☐ Contested ☐ Agreed ☐ Default ☐ Plaintiff's reported agreement
- ☐ Judgment in the amount of \$ \_\_\_\_\_ and all costs and taxes is granted to Plaintiff(s) against Defendant(s) \_\_\_\_\_ for which execution may issue.
- ☐ Dismissed \_\_\_\_\_ prejudice. Cost are taxed to \_\_\_\_\_
- Basis for dismissal:
- ☐ Findings in favor of Defendant(s) after trial. ☐ Plaintiff's non-suit.
- ☐ Plaintiff's failure to prosecute. ☐ Compromised and settled
- ☐ Officer's return no to be found. ☐ Paid before Court.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Judge: \_\_\_\_\_

### INSTALLMENT PAYMENT ORDER

\_\_\_\_\_ is allowed to pay judgment and costs at the rate of \$ \_\_\_\_\_ beginning \_\_\_\_\_. Garnishment stayed pending compliance with this order.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Judge: \_\_\_\_\_

IN THE GENERAL SESSIONS COURT FOR BLOUNT COUNTY, TENNESSEE

FAYE HUDSON,  
208 Bob White Cir.  
Maryville, TN 37803,

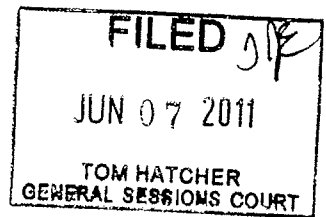
Plaintiff,

v.

STATE FARM INSURANCE COMPANIES,  
Murfreesboro Operations Center  
2500 Memorial Boulevard  
Murfreesboro, TN 37131-0001,

Defendant.

No. V0040106

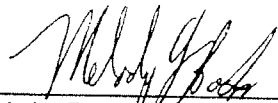


NOTICE OF APPEARANCE

Come Rick L. Powers and Melody J. Bock of the law firm of Arnett, Draper and Hagood and hereby enter a general appearance for State Farm Insurance Company herein.

Respectfully submitted this 1st day of June, 2011.

ARNETT, DRAPER & HAGOOD

By:   
Rick L. Powers, BPR #001692  
Melody J. Bock, BPR #006905  
Attorneys for State Farm Mutual  
Automobile Insurance Company  
2300 First Tennessee Plaza  
Knoxville, TN 37929-2300  
(865) 546-7000

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a true and exact copy of this pleading or document has been served upon counsel for all parties in interest in this case by delivering a true and exact copy or by placing a true and exact copy of said pleading or document in the United States Mail, addressed to said counsel's office, with sufficient postage thereupon to carry the same to its destination.

Horace M. Brown, Esq.  
105 N Court Street  
Maryville, TN 37804-5721

This the 15<sup>th</sup> day of June, 2011.

ARNETT, DRAPER AND HAGOOD

By: Melody Bae

Horace M. Brown  
Attorney At Law  
105 North Court Street  
Maryville, Tennessee 37804

Horace105@aol.com

Office: (865) 982-9489  
Facsimile: (865) 238-2558

June 16, 2011

Mr. Chad Wallace  
Attorney At Law  
Baker Donaldson Law Firm  
P.O. Box 3038  
Johnson City, TN 37602  
( 865 ) 979-7639

Blount County General Session Court Clerk  
Trial Justice Center  
128 East Lamar Alexander Parkway  
37804  
( 865 ) 273- 5411 Attention Diane

Dear Honorable Clerk,

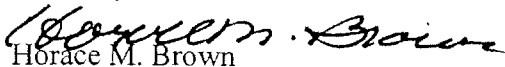
Re: Faye Hudson and William Hudson vs. State Farm  
Blount County General Session Case No. V0040106

Dear Mr. Wallace,

This letter memorializes a conversation we had this morning in which you heard me speaking with Diane in the Sessions Court and during the conversation we agreed upon a continuance of this case from June 24, 2011 to August 19, 2011 at 9:00 am.

If anything appears contrary to its stated purpose, please alert me immediately.

Sincerely

  
Horace M. Brown

copy to the clerk of the court  
copy to Mr. and Mrs. Hudson  
this letter, was on this day faxed and mailed

## LAW OFFICES

## ARNETT, DRAPER AND HAGOOD

LEWIS R. HAGOOD  
 WILLIAM A. SIMMS  
 F. MICHAEL FITZPATRICK  
 RICK L. POWERS  
 DAN D. RHEA  
 STEVEN L. HURDLE  
 R. KIM BURNETTE  
 SAMUEL C. DOAK  
 OF COUNSEL  
 JACK B. DRAPER

SUITE 2300  
 FIRST TENNESSEE PLAZA  
 KNOXVILLE, TENNESSEE 37929-2300  
 TELEPHONE 865/546-7000  
 FAX: 865/546-0420  
 WWW.ADHKNOX.COM  
 P.O. BOX 300  
 KNOXVILLE, TENNESSEE 37901-0300

THOMAS M. COLE  
 BRODERICK L. YOUNG  
 JAY W. MADER  
 PATRICK DOYLE DODSON  
 MELODY J. BOCK  
 ROBERT S. FROST, JR.  
 STACIE D. MILLER\*  
 RACHEL PARK HURT

\*ALSO LICENSED IN LOUISIANA

FOSTER D. ARNETT  
 (1920-2002)

May 16, 2011

Thomas E. Hatcher  
 Circuit Court Clerk  
 926 E Lamar Alexander Pkwy  
 Maryville, TN 37804

Via fax (865) 273-5411

Re: Faye Hudson v. State Farm Insurance Companies  
 Blount County General Sessions Court No. V0040106


Dear Mr. Hatcher:

Pursuant to our conversation, please remove the above referenced matter from the Court's docket for May 20, 2011 and reset the trial to June 24, 2011 to begin at 9:00 a.m. This date has been confirmed by the plaintiff's attorney and all parties are in agreement.

Thank you and should you have any questions or require additional information, please do not hesitate to contact our office.

With kind regards,

Sincerely,

  
 Andrea J. Nabor  
 Legal Assistant to Melody Bock

/ajb

cc: Horace M. Brown, Esq. (Via email horace@105aol.com)



Horace M. Brown  
Attorney At Law  
105 North Court Street  
Maryville, Tennessee 37804

Horace105@aol.com

Office: (865) 982-9489  
Facsimile: (865) 238-2558

June 16, 2011

Mr. Chad Wallace  
Attorney At Law  
Baker Donaldson Law Firm  
P.O. Box 3038  
Johnson City, TN 37602

( 865 ) 979-7639

Blount County General Session Court Clerk ( 865 ) 273- 5411 Attention Diane  
Trial Justice Center  
128 East Lamar Alexander Parkway  
37804

Dear Honorable Clerk,

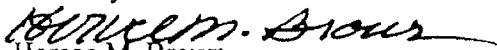
Re: Faye Hudson and William Hudson vs. State Farm  
Blount County General Session Case No. V0040106

Dear Mr. Wallace,

This letter memorializes a conversation we had this morning in which you heard me speaking with Diane in the Sessions Court and during the conversation we agreed upon a continuance of this case from June 24, 2011 to August 19, 2011 at 9:00 am.

If anything appears contrary to its stated purpose, please alert me immediately.

Sincerely

  
Horace M. Brown

copy to the clerk of the court  
copy to Mr. and Mrs. Hudson  
this letter, was on this day faxed and mailed

**FAX****Date:** 6/17/2011**Pages including cover sheet:** 2

<b>To:</b>	Blount County General
<b>Phone</b>	
<b>Fax Number</b>	+1 (865) 273-5411

<b>From:</b>	HORACE BROWN
	Hewlett-Packard Company
	105 North Court Street
	Maryville
	TN 37804
<b>Phone</b>	+1 (865) 238-2558
<b>Fax Number</b>	+1 (865) 238-2558

**NOTE:**

Attention: Diane

COURTROOM SECURITY FEE	0 0	0.00	2.00	.00
Unpaid Balance of Assessed Amount=	47.00			

->RECEIPTS<-

Rct #	Rct Date	T	Received From/Payable To	H	Amount	Ck #	Ck/Ef Date
57643	3,17,2011	R	FAYE HUDSON		17.75	47937	3,31,2011
		P	00125CIV LIT GEN SESS 17.75	CA			
57643	3,17,2011	R	FAYE HUDSON		32.25	47938	3,31,2011
		P	00203CO LIT-CIVIL 32.25	CA			
57643	3,17,2011	R	FAYE HUDSON		1.00	47938	3,31,2011
		P	00204LAW LIBRARY 1.00	CA			
57643	3,17,2011	R	FAYE HUDSON		1.00	47938	3,31,2011
		P	00205CH & JAIL FUND 1.00	CA			
57643	3,17,2011	R	FAYE HUDSON		2.00	47938	3,31,2011
		P	00295CLERK - DATA PROCESSING	CA			
57643	3,17,2011	R	FAYE HUDSON		40.00	47938	3,31,2011
		P	00299CLERK FEE	CA			
Total Receipts->					94.00		

CASE DOCKET HISTORY-03 GENERAL SESSIONS COURT

AUG 16, 2011 Page: 1

Case Number	V0040106	FAYE HUDSON	Disposition Date
Case Class	CIV	STATE FARM INSURANCE COMPANIES	0

Reference	Dock Type	N	Action Code	VD
Case Type	C	Judge Code	RLH	DETAINER WARRANT
Case Source	O	ROBERT L HEADRICK	D1	DAMAGES
Filing Date	3,17,2011	Status	S	D2 8977.00+COST
Reopen Date	0			D3

Jury Demand|N

->PARTIES<-

Type	Name/Comments	Ans Filed	Attorneys
A001	HUDSON FAYE	0	HORACE BROWN
A002	HUDSON WILLIAM	0	HORACE BROWN

Faye Hudson - Plaintiff Advanced \$ 94.00  
 " " " \$ 37.00  
 \$ 131.00

525 1/8/16

Docket No. V0040106  
FAYE HUDSON  
208 BOB WHITE CIR  
MARYVILLE TN 37803 865-789-3204  
VS Plaintiff(s)  
STATE FARM INSURANCE COMPANIES  
MURFREESBORO OPERATIONS CENTER  
2500 MEMORIAL BOULEVARD  
MURFREESBORO, TN 37131-0001  
Defendant(s)

Officers Return:

☒ I certify that I have served this Summons by reading same to all Defendants named above or by Served JACOB HUNT OF CLAIMS and citing ☐ Defendant ☐ Defendants for trial on 29th day of April, 2011, at 9 A.M  
☐ Diligent search made and Defendant(s) not to found in my county, because \_\_\_\_\_

Date of Service: 3-29-11  
(Sheriff/Deputy) [Signature]

**Civil Warrant**

State of Tennessee, County of Blount

**ORIGINAL**  
**RETURN TO COURT**

Tom Hatcher

General Sessions Court Clerk

TO ANY LAWFUL OFFICER TO EXECUTE AND RETURN:

Summon the named Defendant(s) to appear in the Blount County General Sessions Court, at the Blount County Justice Center to answer a civil suit being brought by the named Plaintiff(s), for \$ 8977.00 as indicated below, in an action based on: DAMAGES FROM AUTO ACCIDENT MEDICAL EXPENSES TO INCLUDE FUTURE THERAPY  
CLAIM NUMBER 42-2357-947

Issued this 17 day of MARCH 20 11

Tom Hatcher, Clerk of the General Sessions Court  
By: Teresa J Estes D.C.

**JUDGMENT ON THE ABOVE COMPLAINT**

- ☐ Contested ☐ Agreed ☐ Default ☐ Plaintiff's reported agreement
- ☐ Judgment in the amount of \$ \_\_\_\_\_ and all costs and taxes is granted to Plaintiff(s) against Defendant(s) \_\_\_\_\_ for which execution may issue.
- ☐ Dismissed \_\_\_\_\_ prejudice. Cost are taxed to \_\_\_\_\_
- Basis for dismissal:
- ☐ Findings in favor of Defendant(s) after trial. ☐ Plaintiff's non-suit.
- ☐ Plaintiff's failure to prosecute. ☐ Compromised and settled
- ☐ Officer's return no to be found. ☐ Paid before Court.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Judge: \_\_\_\_\_

**INSTALLMENT PAYMENT ORDER**

\_\_\_\_\_ is allowed to pay judgment and costs at the rate of \$ \_\_\_\_\_ beginning \_\_\_\_\_ Garnishment stayed pending compliance with this order.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Judge: \_\_\_\_\_

IN THE CIRCUIT COURT FOR BLOUNT COUNTY, TENNESSEE

FAYE HUDSON and husband,  
WILLIAM HUDSON

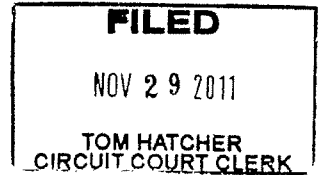
Plaintiffs

VS

No. L-17552

STATE FARM MUTUAL AUTOMOBILE  
INSURANCE COMPANY AND JOHN DOE

Defendants



**NOTICE OF APPEARANCE**

Comes now F. D. Gibson and enters his appearance as co-counsel on behalf of  
Plaintiffs, Faye Hudson and husband, William Hudson.

This 22 day of November, 2011.

A handwritten signature in cursive script, appearing to read "F. D. Gibson".

F. D. GIBSON, BPR001054  
Attorney for Plaintiffs  
222 Ellis Avenue  
Maryville, TN 37804  
865-983-5642

**CERTIFICATE**

I certify that a true and exact copy of the foregoing pleading has been forwarded  
this 22 day of November, 2011, to Horace Brown, Co-counsel for Plaintiffs,  
105 N. Court Street, Maryville, TN 37804; and, Chad Wallace, Attorney for Defendants,  
P. O. Box 3838, Johnson City, TN 37602.

A handwritten signature in cursive script, appearing to read "F. D. Gibson".

F. D. GIBSON

IN THE CIRCUIT COURT FOR BLOUNT COUNTY, TENNESSEE

FAYE HUDSON and husband,  
WILLIAM HUDSON

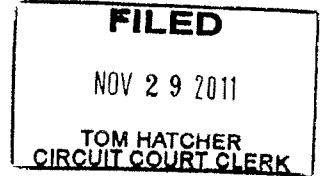
Plaintiffs

VS

No. L-17552

STATE FARM MUTUAL AUTOMOBILE  
INSURANCE COMPANY AND JOHN DOE

Defendants



REQUEST FOR ADMISSIONS

Come now the Plaintiffs and file these Requests for Admissions under Rule 36 of Tennessee Rules of Civil Procedure requiring that the Defendant, State Farm Insurance, answer within the time prescribed by law or these requests will be deemed admitted.

The Plaintiffs request that the following admissions be admitted or denied by State Farm Mutual Automobile Insurance Company:

1. That the Plaintiffs had automobile liability insurance policy with State Farm Mutual Automobile Insurance Company on March 22, 2010.

ANSWER:

2. That on that date the insured, Faye Hudson, was involved in a traffic accident in Blount County, Tennessee.

ANSWER:

3. That the accident was duly and timely reported to Dean Jarvis, Agent of State Farm for the Hudson family.

ANSWER:



4. That the automobile claim report lists injuries to Faye Hudson to neck and back.

ANSWER:

5. That on November 12, 2010, a letter was mailed under the signature of Tim Honey, Claim Processor under claim number 42-2357-947, outlining the procedure for medical insurance coverage on the automobile policy.

ANSWER:

6. On November 18, 2010, a letter was sent under the signature of Aisleen Farless, Claim Representative under the claim number 42-2357-947, requesting that Faye Hudson sign and provide medical authorization forms for the use of State Farm.

ANSWER:

7. That the accident of March 22, 2010, was assigned a claim number of 42-2357-947.

ANSWER:

8. That State Farm did, in fact, receive the signed medical authorization forms allowing requests and receipt of any medical information required.

ANSWER:

9. On January 17, 2011, a letter from State Farm was generated under the signature of Aisleen Farless, Claim Representative under said

claim number, advising Faye Hudson of the one year statute of limitation.

ANSWER:

10. That letter informed Faye Hudson that she would have to maintain a lawsuit for bodily injury claim against the State Farm insured before March 22, 2011, or the statute of limitations would expire.

ANSWER:

11. The insured identified in that letter was Faye Hudson.

ANSWER:

12. State Farm knew, or should have known, that the information and advice given in the letter of January 17, 2011, was wrong and could not be carried out.

ANSWER:

13. That State Farm never attempted to make a recorded statement from Faye Hudson concerning the facts of this case.

ANSWER:

STATE FARM MUTUAL AUTOMOBILE  
MUTUAL INSURANCE COMPANY

BY: \_\_\_\_\_

\_\_\_\_\_  
Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_  
NOTARY PUBLIC



My Commission Expires:



F. D. GIBSON, BPR001054  
Co-Counsel for Plaintiffs  
222 Ellis Avenue  
Maryville, TN 37804  
865-983-5642

CERTIFICATE

I certify that a true and exact copy of the foregoing pleading has been placed in the US Mail this 29 day of November, 2011, to Chad Wallace, Attorney at Law, P. O. Box 3838, Johnson City, TN 37602; and, Horace M. Brown, Co-counsel for Plaintiffs, 105 N. Court Street, Maryville, TN 37804.

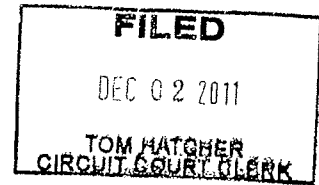


F. D. GIBSON

IN THE CIRCUIT COURT FOR BLOUNT COUNTY, TENNESSEE

FAYE HUDSON and husband,  
WILLIAM HUDSON

Plaintiffs



vs.

NO: L-17552

STATE FARM MUTUAL AUTOMOBILE  
INSURANCE COMPANY AND JOHN DOE

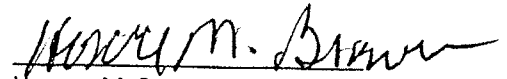
Defendants

MOTION TO AMEND AND OTHER RELIEF

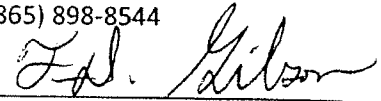
Comes now the Plaintiffs and move the Court to allow the attached Amended Complaint to be filed and replace the existing Civil Warrant and would show:

1. This case originated by the filing of a Civil Warrant in Blount County General Sessions Court by Plaintiffs Pro Se.
2. Defendant, State Farm, filed Motion to Dismiss due to a claimed pleading and service Defect in that the original warrant did not sue John Doe and service on State Farm was not through the Commissioner of Insurance.
3. Plaintiffs then employed undersigned counsel who amended the Complaint to add John Doe and the case was removed to this Court by Agreed Order as provided for in T.C.A. 16-15-732.
4. The Court should order that State Farm has waived any objection to service irregularity by making a general appearance when it filed Motion to Dismiss and allow the attached Complaint to be filed as lead process for Plaintiff.

WHEREFORE, Plaintiffs move the Court for an Order in accordance with the requests made herein.



Horace M. Brown  
Attorney for Plaintiffs  
105 N. Court St.  
Maryville, TN. 37804  
(865) 898-8544



F. D. Gibson  
Attorney for Plaintiffs  
222 Ellis Ave.  
Maryville, TN. 37804  
(865) 983-5642

CERTIFICATE OF SERVICE

I certify that a true copy of the foregoing Motion and Amended Complaint has been served this

2 day of December, 2011 upon Chad Wallace, Attorney for Respondents,

P.O. Box 3038, Johnson City, TN. 37602.

  
Co-Counsel for Plaintiffs

IN THE CIRCUIT COURT FOR BLOUNT COUNTY, TENNESSEE

FAYE HUDSON and husband  
WILLIAM HUDSON

Plaintiffs

vs.

NO: L-17552

STATE FARM MUTUAL AUTOMOBILE  
INSURANCE COMPANY AND JOHN DOE

Defendants

AMENDED COMPLAINT FOR DAMAGES

Comes now the Plaintiff and sue the Defendants for damages as follows:

1. That on March 22, 2010, Plaintiff, Faye Hudson, was injured in an automobile collision within the confines of Blount County, Tennessee.
2. Said collision and resulting injuries were solely caused by an unknown hit and run driver Identified as John Doe in the caption. John Doe was travelling too fast for the conditions then existing on the roadway and too closely to Plaintiff's car and did crash into the rear of Plaintiff's vehicle when she was either stopped or slowing down for traffic conditions.

3. John Doe was the sole and proximate cause of the injuries and damages sustained in the Collision between the vehicles and violated the following common law duties:

- (a) Driving too fast for the traffic conditions then existing.
- (b) Failed to keep his vehicle under control so as to avoid collision with other vehicles.
- (c) Failed to follow at safe distance behind Plaintiff vehicle

John Doe was also negligent per se for violation of the following statute(s)

1. T.C.A. 55-8-124 –Following too Closely
4. As a result to the collision Plaintiff, Faye Hudson, was caused to suffer serious and painful persona l injuries which ultimately required her to seek medical attention and incur medical bills

in order to try to cure her injuries. During the period following the collision, Fay Hudson was caused to suffer pain and suffering, anxiety, destruction of enjoyment of life and fears that she may suffer from her injuries for the rest of her natural life. Judgment is requested for medical bills and other elements of personal injury as well for pain and suffering from her impairments for the rest of her life and loss of enjoyment of life and destruction of her natural rights.

5. At all times relevant herein, William Hudson was the lawful spouse of Faye Hudson and due to the negligence of John Doe has been caused to become liable for the necessary medical expenses of his spouse and lost the companionship and consortium of his spouse for an extended time and may continue to suffer such losses in the future due to the probability of permanent impairment.

6. Plaintiffs also aver that their vehicle was damaged in the collision and depreciated in value and seek judgment for property damages not to exceed \$2,500.00.

7. Defendant State Farm is sued as uninsured motorist provider of Plaintiffs under T.C.A. 56-7-1201 et seq. and individually for violation of Tennessee Consumer Protection Act codified in T.C.A. 47-18-101 et seq. , bad faith under provisions of T.C.A. 56-7-105 and for breach of contract.

8. In support of said claims, Plaintiffs would show that for a period following the collision, Faye Hudson did not seek medical attention as she believed the injuries were temporary and would clear up. However she visited her State Farm Agent in October, 2010 and reported that she would need her medical coverage under the insurance policy due to her ongoing problems. Her injury was acknowledged by State Farm by letter dated November 12, 2010 and Ms. Hudson did sign and return a medical authorization form for the use and benefit of State Farm in her medical coverage case. The accident was timely reported immediately following the collision to her insurance agent and the claim form submitted to State Farm noted injury to Faye Hudson.

9. Mrs. Hudson first required medical treatment on January 18, 2011, within the one year period specified in the prior letter from State Farm. She was examined, tested, prescribed medications and referred to therapy. Bills have been submitted to State Farm and said company has failed and refused to honor its contract and has refused to pay said bills. This action violates bad faith provisions of law and subjects said Defendant to the penalties outlined in T.C.A. 56-7-105. Plaintiffs here aver that their medical payments coverage contract with State Farm was for \$1,000.00 in benefits.


10. State Farm generated another letter dated January 17, 2011 advising the Plaintiffs of the Pending Statute of Limitation date of March 22, 2011. The letter gave advice that legal action must be filed against the State Farm insured listed in the letter as Faye Hudson or be forever prohibited by the Statute of Limitations. By this date, State Farm knew, or should have known in the exercise of due diligence that the claim was for an unidentified driver and would be under uninsured motorist contract of their policy. Also, upon information and belief, State Farm did no investigation of the collision despite a duty to do so under the provisions of their policy contract. The information in the letter was generated by a State Farm employee or agent doing services for said Defendant and the data and instructions were both misleading, false and calculated to confuse the recipient. State Farm is a long established liability insurance provider and well knows the procedures for filing against a hit and run driver, as in this case. This letter constitutes an unfair or deceptive practice and renders the sender liable under T.C.A. 47-18-104(b)(27) and under the theory of imputed liability.

11. As a result of the erroneous instructions, Plaintiffs were misled into possibly filing the case in the wrong manner, pro se. Plaintiffs aver that all times, the authors of the letters referred to herein were acting on behalf of and solely for the benefit of State Farm. Said Defendant has mainly created the situation and now seeks to benefit from its own misconduct and has breached its contract with Plaintiffs and its duty of good faith.

12. Plaintiffs aver that the incurred medical expenses of Faye Hudson are under \$4,000.00 and are attached as exhibit to this Complaint. Under Tennessee law, such expenses are deemed reasonable and necessary in the consideration of damages.

WHEREFORE, PLAINTIFFS seek judgment against Defendants for personal injuries of Faye Hudson in an amount not to exceed THIRTY FIVE THOUSAND (\$35,000.00) DOLLARS plus treble damages and attorney fees under T.C.A. 47-18-101 et seq. for the conduct of State Farm in this matter. In addition and alternately, PLAINTIFFS seek judgment for up to THIRTY FIVE THOUSAND (\$35,000.00) DOLLARS' on the theory of imputed liability and bad faith penalty allowed under T.C.A. 56-7-105 for failure to pay the lawful claim for medical expenses. As prayed for herein, PLAINTIFFS also seek judgment for property damages up to TWO THOUSAND FIVE HUNDRED (\$2,500.00) DOLLARS and Plaintiff, WILLIAM HUDSON seeks judgment for loss of consortium and companionship in an amount not to exceed TEN THOUSAND (\$10,000.00) DOLLARS plus court costs, litigation taxes and any discretionary costs.

Horace M. Brown  
105 N. Court St.  
Maryville, TN. 37804 and  
F. D. Gibson III  
222 Ellis Ave.  
Maryville, TN. 37804  
Attorneys for Plaintiffs

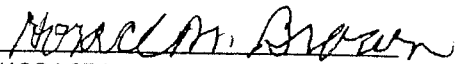
BY:   
Attorney at Law

COST BOND

The undersigned principals and surety do bind ourselves liable for costs as prescribed by law

WILLIAM HUDSON- Plaintiff  
FAYE HUDSON - Plaintiff  
As Principals

HORACE M. BROWN  
Attorney at Law as Surety

BY:   
HORACE M. BROWN  
Attorney for Principals



**IN THE CIRCUIT COURT FOR BLOUNT COUNTY, TENNESSEE**

**FAYE HUDSON and husband  
WILLIAM HUDSON**

**PLAINTIFFS**

**VS**

No. **L-17552**

**STATE FARM MUTUAL AUTOMOBILE  
INSURANCE COMPANY AND JOHN ROE**

**DEFENDANT**

**AFFIDAVIT IN SUPPORT FOR AMENDED DAMAGES**

The undersign, Faye Hudson, residing at 208 Bob White Circle  
Maryville, Blount County Tennessee make the following oath in  
due form of law as follows:

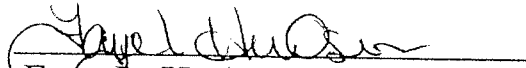
1. I was injured in a motor vehicle accident on March 22,  
2010 on Broadway Road near Eagleton Village,  
Maryville, Blount County, Tennessee.
2. That as a direct consequence of the accident I received  
personal injury and incurred the following medical  
expenses:

1. Marino Therapy	\$ 2,259.00
-------------------	-------------

2. Park Med Urgent Care Center 110.00  
Total Charges \$ 2,369.00

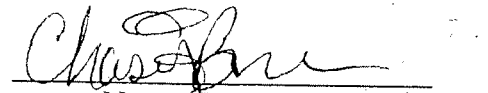
3. See attached collective exhibits evidencing the charges and methods credit and payments.

Signed this 2 day of December 2011

  
Faye L. Hudson

STATE OF TENNESSEE    )  
                                      )  
BLOUNT COUNTY         )

Before the undersign, a Notary Republic, appeared Faye L. Hudson, on the 2 day of December 2011, and made an oath in my presence that he signed the aforesaid Affidavit.

  
Notary Republic  
My Commission Expires: 4-5-11

# Patient Statement Inquiry

Patient : 27191 - Hudson,Faye

Date	Description	Units	Amount
01-19-2011	97001 Phys Therapy Eval	1.00	168.00
	97014 E-stim Unat	1.00	29.00
01-24-2011	97014 E-stim Unat	1.00	29.00
	97140 Manual.Ther	2.00	118.00
	97530.59 Funct Activity	1.00	59.00
01-28-2011	97014 E-stim Unat	1.00	29.00
	97140 Manual.Ther	1.00	59.00
	97530.59 Funct Activity	3.00	177.00
02-01-2011	97035 U.S.	1.00	59.00
	97014 E-stim Unat	1.00	29.00
	97140 Manual.Ther	1.00	59.00
	97530.59 Funct Activity	1.00	59.00
02-02-2011	Statement Statement of Account printed 02-02-2011		
02-07-2011	97014 E-stim Unat	1.00	29.00
	97530 Funct Activities	3.00	177.00
02-10-2011	97014 E-stim Unat	1.00	29.00
	97530 Funct Activities	3.00	177.00
02-11-2011	97014 E-stim Unat	1.00	29.00
	97530 Funct Activities	3.00	177.00
02-23-2011	97140 Manual.Ther	1.00	59.00
	97530.59 Funct Activity	2.00	118.00
02-25-2011	97140 Manual.Ther	1.00	59.00
	97530.59 Funct Activity	2.00	118.00
02-25-2011	Payment Patient paid \$78.00 for DOS 02/23/2011-02/23/2011 via check # 1328, Batch # maryville022511.		-78.00
02-28-2011	97140 Manual.Ther	1.00	59.00
	97530.59 Funct Activity	2.00	118.00
02-28-2011	Payment		0.00
02-28-2011	Payment		0.00
02-28-2011	Discount self pay Discount of \$214.00 for DOS 02/11/2011-02/23/2011.		-115.00
02-28-2011	Discount self pay Discount of \$214.00 for DOS 02/11/2011-02/23/2011.		-99.00
02-28-2011	Discount Discount of \$198.00 for DOS 02/25/2011-02/28/2011.		-99.00
02-28-2011	Discount Discount of \$198.00 for DOS 02/25/2011-02/28/2011.		-99.00
03-02-2011	Statement Statement of Account printed 03-02-2011 Patient Balance: \$247.00 Insurance Balance: \$1,286.00 Statement Type: 8		
03-07-2011	97140 Manual.Ther	2.00	118.00
	97530.59 Funct Activity	2.00	118.00
03-11-2011	Payment		0.00
03-11-2011	Payment Patient paid \$247.00 for DOS via check # 1336, Batch #MAIL031111.		-91.00

Printed 5/4/2011 11:24:08 AM  
From RMT By mtipton

Page 1

# Patient Statement Inquiry

Patient : 27191 - Hudson, Faye

Date	Description	Debit	Credit
03-11-2011	Payment Patient paid \$247.00 for DOS via check # 1336.Batch #MAIL031111.		-78.00
03-11-2011	Payment Patient paid \$247.00 for DOS via check # 1336.Batch #MAIL031111.		-78.00
03-11-2011	Discount Discount of \$134.00 for DOS 03/07/2011-03/07/2011.		-134.00
03-30-2011	Payment State Farm paid \$0.00 for DOS 01/19/2011-02/10/2011 via check # PhoneCall, Batch # mjh0311. Per Mary w/ State Farm claims denied due to after review not due to auto accident.		0.00
03-30-2011	Payment State Farm paid \$0.00 for DOS 01/19/2011-02/10/2011 via check # PhoneCall, Batch # mjh0311. Per Mary w/ State Farm claims denied due to after review not due to auto accident.		0.00
03-30-2011	Payment State Farm paid \$0.00 for DOS 01/19/2011-02/10/2011 via check # PhoneCall, Batch # mjh0311. Per Mary w/ State Farm claims denied due to after review not due to auto accident.		0.00
03-30-2011	Payment State Farm paid \$0.00 for DOS 01/19/2011-02/10/2011 via check # PhoneCall, Batch # mjh0311. Per Mary w/ State Farm claims denied due to after review not due to auto accident.		0.00
03-30-2011	Payment State Farm paid \$0.00 for DOS 01/19/2011-02/10/2011 via check # PhoneCall, Batch # mjh0311. Per Mary w/ State Farm claims denied due to after review not due to auto accident.		0.00
03-30-2011	Payment State Farm paid \$0.00 for DOS 01/19/2011-02/10/2011 via check # PhoneCall, Batch # mjh0311. Per Mary w/ State Farm claims denied due to after review not due to auto accident.		0.00
04-04-2011	Statement Statement of Account printed 04-04-2011 Patient Balance: \$1,388.00 Insurance Balance: \$0.00 Statement Type: 8		
04-06-2011	Statement Statement of Account printed 04-06-2011 Patient Balance: \$1,388.00 Insurance Balance: \$0.00 Statement Type: 8		
05-03-2011	Statement Statement of Account printed 05-03-2011 Patient Balance: \$1,388.00 Insurance Balance: \$0.00 Statement Type: 8		
	Total Charges on Account:		2259.00
	Total Payments on Account:		-325.00
	Total Discounts on Account:		-546.00
	Total Account Adjustments:		0.00
	Total Account Charge Reversals:		0.00
	Account Balance Due:		1388.00

Printed 5/4/2011 11:24:08 AM  
From RMT By mtipton

Page 2

**PARK MED URGENT CARE CENT.**

NP/PA

**For Billing Inquiries:**  
Call: (865) 292-3000  
or mail to:  
P.O. Box 52552  
Knoxville, TN 37950  
ID # 62-1609262

**PLEASE RETURN THIS FORM TO THE RECEPTIONIST**

PATIENT NAME 1-16-11-11-11 BIRTHDATE 1-5-66 PHYSICIAN \_\_\_\_\_  
 SS # 1-30-11-11-11 INS./COMPANY PIF  
 DATE 1-1-11 LOCATION 11000E

Time: In \_\_\_\_\_ PM Out \_\_\_\_\_ PM

INS./COMPANY AF  
LOCATION 100th

OFFICE SERVICES (NEW PATIENT) (NEED 3 OF 3 KEY COMPONENTS)				RADIOLOGY		CPT-4		FEE		LABORATORY		OFFICE SURGERY		ORTHOPEDIC SUPPLIES		FEE			
Focused	1-5-9	99201		ABD 1V		74000				Amylase	82150		Destruction, Benign/PreMalignant, Lesions		Ace Wrap, <3"		A6448		
Expanded	2-6-9	99202		ABD 2V		74010				ANA	86038		Benign Lision - 1st	17000	Ace Wrap, 3"-5"		A6449		
Detailed	3-7-10	99203		AC Joints		73050				Basic Metabolic Panel	80048		2-14 Lesions	17003	Ace Wrap, 5"		A6450		
Comp/Mod	4-8-11	99204		Ankle 2V		73600				CBC • QBC*	85027		15 or more Lesions	17004	Ankle Brace		L1906		
Comp/High	4-8-12	99205		Ankle 3V		73610				Chlam/GC gen probe	87600		Wart Removal 0-15	17110	Ankle Splint		L4396		
Camp/Sport/School/Phys.				Cerv 2V		72040				Comp. Metabolic Panel	80053		Paring or Cure/Wart or Callus	11055	Arm Sling		A4565		
Ages 0 mo.-11 mo.	99381			Cerv 2V-3V		72050				C-Reactive Protein	86140		2-4 Lesions	11056	Cervical Collar		L0120		
Ages 1-4	99382			Chest 1V		71010				Digoxin Level	80162		4+ Lesions	11057	Crutch (1)		E0113		
Ages 5-11	99383			Chest 2V		71020				Fluorescent	86255		Removal Skin Tags 0-15	11200	Crutches (2)		E0112		
Ages 12-17	99384			Clavicle, complete		73005				Folic Acid	82746		Excision, Benign, Lesion		Finger Splint Kit		A4570		
Ages 18-39	99385			Elbow 2V		73070				FSH	83001		Site: _____ Size: 114		Finger-Hand-Wrist Splint		L3800		
Ages 40-64	99386			Elbow 3V		73080				General Health Panel	80050				Knee Immobilizer		L1830		
Ages 65+	99387			Facial 3V		70150				Glucose (Quant.)	82947		Incision & Removal FB	10120	Knee Support-Elastic knee cap		L1825		
Physical Exam (MC Only 1st visit)	G0344			Femur 2V		73550				Glucose (Regent Strip)	82948		Punch Biopsy	11100	Post-Op Shoe		L3260		
EKG (MC Only-1st visit)	G0366			Finger 2V		73140				HIV Antibody	86701		Each Add'l. Lesion	11101	Rib Belt, Thoracic		L0210		
				Foot 2V		73620				Hemocult	82270				Shoulder Immob		L3650		
OFFICE SERVICES (ESTABLISHED) (NEED 2 OF 3 KEY COMPONENTS)						3V		73630		Hepatic Function Panel	80076		Abscess-simple	10060	Tennis Elbow Splint		L3700		
Focused	1-5-9	99212		Forearm, 2V		73090				Acute Hepatitis Panel	80074		Abscess-complex	10061	Wrist/Forearm Splint		L3908		
Expanded	2-6-10	99213		Hand 2V		73120				Herpes Simplex, Probe	87528		Bursa	27301					
Detailed	3-7-11	99214		3V		73130				HgA1C	83036		Ext. Hemorrhoid	46320					
Comp/High	4-8-12	99215		Heel 2V		73650				H. Pylori	86677		Hematoma-simple	10140					
Non-Dr (Nurse/Lab)	99211			Hip 2V		73510				KOH slide/skin, scab, etc.	87220		Sebaceous cyst	10160					
(BP/WT CK/INJ)				Humerus 2V		73060				Lead	83655				SPECIAL PROCEDURES				
Post-Op Visit N/C	99024			Knee 1-2V		73560				LH	83002		WOUND REPAIR		Audiometry		92552		
Camp/Sport/School/Phys.				Knee 3V		73562				Lipid Panel	80061		SIMPLE CLOSURE: HANDS/FEET		Breath Alcohol Cont		80102		
Ages 0 mo.-11 mo.	99391			Knee 4 or >V		73564				Lyme Disease	86618		TRUNK/SCALP/EXT/GENITALIA/NECK		Breath Alcohol Test.		82075		
Ages 1-4	99392			Lumbar Spine 2-3V		72100				Mono	86308		Up to 2.5cm	12001	Digital Block		64450		
5-11	99393			Mandible Jaw 4V		70110				Pap Smear	88150		2.6cm-7.5cm	12002	EKG - Complete		93000		
12-17	99394			Nasal Bones 3V		70160				Prolaction	84146		FACE/EARS/NOSE/EYELIDS/LIPS		Flow Volume Loop		94375		
18-39	99395			Orbitis 4V		70200				Pregnancy Test/Urine	81025		MUCOUS MEMBRANE		Medical Records		99080		
40-64	99396			Pelvis 1-2V		72170				Pregnancy Test/Serum	84702		Up to 2.5cm	12011	Nebulizer Treat.		94640		
65+	99397			Ribs 2V		71100				PSA; Complexed (direct)	84152		2.6cm-5.0cm	12013	Resp. Fit Test		A4640		
DOT	99455			Sacrum/Coccyx 2V		72220				PSA; Total	84153		LAYERED CLOSURE: SCALP/TRUNK		Spirometry		94010		
Company Physical #1	99455			Scapula		73010				Prothrombin Time	85610		EXT/ NOT HANDS OR FEET		Tonometry		92100		
DRUG SCREENS	CPT	FEE		Shoulder 2V		73030				Rheum Factor	86431		HANDS/FEET/NECK/GENITALIA						
Collection Only	99001			Sinus-Waters VW		70210				RMSF	86790		Up to 2.5cm	12041					
Collection w/Screen	99001			Sinus 3V		70220				RPR	86592		FACE/EARS/EYELIDS/NOSE						
Drug Confirmation	80102			Skull 4V		70260				Sed Rate/ ESR	85652		LIPS/MUCOUS MEMBRANES						
Drug Screen-DOT	80100			Sternum 2V		71120				Strep Screen	87430		Up to 2.5cm	12051	BURN CARE				
Drug Screen-NON DOT	80100			Tib/Fib 2V		73590				Testosterone, Free	84402		NAILS : CPT FEE		Initial Tx-1st degree		16000		
MRO	99499			Toes 2V		73660				Thyroid; Total	84436		Evac subung hematoma	11740	Initial Tx-2nd degree		16020		
Tissue/Hair Sample	80103			T-Spine 2V		72070				Thyroid; Free	84439		Repair nailed simple	11760	FB REMOVAL				
Triage Test	80101			Wrist 2V		73100				TSH	84443		Ingrown toenail/wedge skin	11765	Rem FB;Tissue,simple		10120		
				Wrist 3V		73110				Uric Acid	84550		Avulsion nail plate/single	11730	Rem FB, complicated		10121		
INJECTIONS/DRUGS				INJECTIONS/DRUGS				INJECTIONS/DRUGS				INJECTIONS/DRUGS				INJECTIONS/DRUGS			
Allergy, single inj	95115			Lasix up to 20mg		J1940				Urinalysis	81002		EYE • EAR • NOSE		ARTHRORCENTESIS/ASPIRATION/INJECTION				
Allergy, > inj	95117			Levsin up to 0.25mg		J1980				Urinalysis w/Micro	81000		Ear Wash/Natural ear impact.	69210	Intermediate Joint Inj		20605		
Benadryl up to 50mg	J1200			Lyme		90665				Urine, C&S	87086		Removal of FB - ear	69200	Inj, single tendon,ligament		20550		
Bicillin up to 1,200,000 units	J0540			MMR		90707				Specimen Hand/Collection	99000		Eye wash/Rem FB superficial	65205	Inj, Carpal, therapeutic		20526		
Celestone per 4mg	J0704			Norflex up to 60mg		J2360				Venipuncture	36415		Rem FB Conj./scl.	65210	Major Joint Inj		20610		
Compazine up to 10mg	J0780			OPV		90712				Wet Mount	87210		Rem FB, embedded	65220	Minor Joint Inj		20600		
Decadron 4 mg	J1100			Phenergan up to 50mg		J2550				Zinc	84630				Trigger Inj 1 or 2 muscle		20552		
Decadron LA 8mg	J1094			Pneumonia Vaccine		90732									Trigger Inj 3> muscles		20553		
Delestrogen up to 20mg	J1390			PPD		86580									OTHER PROCEDURES/SUPPLIES				
Demerol per 100 mg	J2175			Rocephin 250 mg		J0696													
Depo-Medrol 40mg	J1030			Solu-Medrol up to 40mg		J2920													
Depo-Provera 150 mg	J1055			Stadol 1 mg		J0595													
DTP	90701			Testosterone up to 100mg		J1070													
Epinephrine 1 ml	J0170			Testosterone 1cc, 200mg		J1080													
Estradiol	82670			Tetanus Toxoid		90703													
Flu Vaccine	90658			Tdap		90715													
Gentamycin up to 80mg	J1580			Td-Tetanus&diphtheria >7yrs		90718													
Hepatitis B (3 Series)				Td-Tetanus&diphtheria <7yrs		90702													
Age 0 - 19 yrs.	90744			Toradol IM per 15mg		J1885													
Age 20 >	90746			Vaccination Inj Fee		90471													
HIB	90646			>2 Vaccination Inj Fee		90472													
Imitrex, up to 6mg	J3030			Vistaril up to 25mg		J3410													
Kenalog per 10mo	J3301			Vitamin B12 up to 1000mc		J3420													
CO-PAY DUE \$				TODAY'S CHG. \$				CO-PAY PAID \$				ADJUSTMENT \$				TODAY'S PMT. \$			
CURRENT BAL. \$				RETURN VISIT:				WKS. MO. AS NEEDED				FASTING NON-FASTING				PREV. BAL. > 61 days			
CK/MO # 1309				MC/VISA CASH				MC/VISA AUTH #				CHECKED OUT BY				DX: 1. LUM BOSACRAL STR			
2. (TORSION)				3.				4.											

CO-PAY DUE \$ \_\_\_\_\_  
TODAY'S CHG. \$ 110  
CO-PAY PAID \$ \_\_\_\_\_  
ADJUSTMENT \$ 34  
TODAY'S PMT. \$ 16  
CURRENT BAL. \$ \_\_\_\_\_  
RETURN VISIT: \_\_\_\_\_ WKS. \_\_\_\_\_ MO. \_\_\_\_\_ AS NEEDED  
FASTING NON-FASTING

CK/MO # 1309  
MC/VISA \_\_\_\_\_ CASH \_\_\_\_\_  
MC/VISA AUTH # \_\_\_\_\_  
CHECKED OUT BY \_\_\_\_\_  
DX: 1. LUM BOSAC RAL SKI  
2. (TORSION)  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
PREV. BAL. > 61 days

COMMENTS: 2A 1 IN 71 6L 0A 12K 1C 1P 23K 0U

IN THE CIRCUIT COURT FOR BLOUNT COUNTY AT MARYVILLE, TENNESSEE  
LAW DIVISION

FAYE HUDSON and husband  
WILLIAM HUDSON

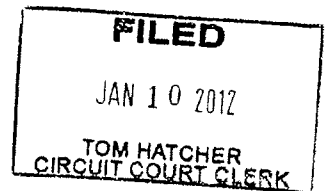
Plaintiff

v.

Civil Action No. L-17552  
Judge David R. Duggan

STATE FARM MUTUAL AUTOMOBILE  
INSURANCE COMPANY and  
JOHN DOE

Defendants



ANSWERS TO FIRST SET OF INTERROGATORIES AND REQUESTS FOR  
PRODUCTION OF DOCUMENTS TO PLAINTIFFS

Come now the Plaintiff, Faye Hudson and Answers the first set of Interrogatories and  
request for production of documents as follows:

1. Please state the following for each Plaintiff:

- a. Full name;
- b. Date and place of birth;
- c. Social Security number;
- d. Current residence and mailing address (including P.O. boxes); and
- e. All residence and mailing addresses (including P.O. boxes for the last  
ten (10) years.

Answers:

- a. Faye Louise Hudson, William Hudson

b. 12-5-55 Key West Florida, 12-31-48 Beaufort, South Carolina

c. 261-29-4493, 267-80-0075

d. 208 Bob White Circle, Maryville, TN 37803

e. same address for twenty (20) years.

2. Please state the name, address, and telephone number of each individual who has supplied any information to Plaintiffs or their attorneys in connection with preparing:

a. The answers to these Interrogatories; and

b. The responses to State Farm's Request for Production of Documents to Plaintiffs.

For each person so identified, please specify the number of the Interrogatory or Request for Production for which the person provided the information.

Answer:

a. Marino Therapy Center, 1904 West Lamar Alexander Pkwy, Maryville TN, Park Med. Clinic- Armory Place, Alcoa TN #7 Motion to Produce

b. N/A- See above

c. Earnest Marion THP

3. Please state the name, address, and telephone number of all individuals who have or likely to have knowledge of discoverable information that relates to the matters in controversy between the parties herein and, for each individual identified, please state the subject matter of that information.

Answers:

Marino Therapy Center- Medical Treatment

Melissa Hixenbaugh

Andy Boyd

Earnest Marion Hwy Patrol- Info on Police Report

Park Med, Armory Place, Alcoa TN 37701, medical information.

4. Please identify each and every person who you intend to call as an expert witness at trial and, with respect to each such person, state completely and in detail.

- a. The expert's home address and business address;
- b. All qualification relied upon to establish the expert's expertise;
- c. The subject matter or matters upon which the expert is expected to testify;
- d. The substance of the facts and opinions to which the expert is expected to testify, including, but not limited to, detailed statements of all facts to be assumed by the expert in any hypothetical questions; and
- e. A summary of the grounds for each opinion.

Answers:

- a. Dr. Brent Webb, 117 Armory Place, Alcoa TN 37701.
- b. He is licensed as an M.D. in Tennessee.
- c. Information in medical records.
- d. That Plaintiff suffered an injury from a motor vehicle accident.
- e. Grounds for opinion is medical training, education, and experience.
- a. Mary Cawthorn- Therapists
- b. 1904 W. Lamar Alexander Pkwy, Maryville TN 37804
- c. Information in Therapy records as to injury of motor vehicle accident.
- d. That Plaintiff sustained injury in motor vehicle accident.



e. Grounds are education, training, and work experience.

5. Please identify and itemize all elements of damages, and provide the dollar amount for each, that Plaintiffs claim and for which recovery is sought in this case from State Farm. Please provide an explanation of how you computed each item of damages, including any mathematical formula used.

Answers:

Park Med 110.00- Paid by Plaintiff, Pain and Suffering still having medical treatment; 10,000.00; Future medical

Marino Therapy 1,388.00 Balanced owed

Paid Therapy 247.00 Paid by Plaintiff

6. Please state whether either Plaintiff has ever been arrested, indicted, or summoned for or convicted of a misdemeanor or felony. If so, please provide the following information for each:

a. Offense for which he or she was arrested, indicted, summoned, or convicted.

b. Date of such arrest, indictment, summons, or conviction;

c. The court in which the matter was handled;

d. The outcome of the matter; and

c. If a sentence of imprisonment was served, the date of release.

Answer:

None

7. Please identify ( by description if not by name) any and all person employed by or associated with State Farm with whom you spoke about any of your allegations or claims in this case or who you otherwise believe had any notice or knowledge of any

such allegations or claims. Please state specifically the substance of any and all such conversations.

Answers:

Dean Jarvis, Agent and his secretary, Carol, at 983-5579

Reported accident and injuries.

Kim Honey, Claim Processor, 877-236-5890, I was told to go to the doctor and State Farm would pay.

Aisleen Farless, 615-692-3262, I was told that I had 100,000 in uninsured motorist coverage and that the bills would be paid as part of the settlement.

8. Please state the names and addresses of all physicians, psychologist, specialist, hospitals, or other healthcare providers or facilities that rendered treatment for any reason to Plaintiff Faye Hudson within the ten (10) years preceding the date of the alleged accident.

Answer:

Park Med – Brent Webb , M.D. & others

9. Please state the names, address, and telephone numbers of Plaintiff Faye Hudson's regular family physician for the last ten (10) years preceding the date of the accident.

Answers:

Park Med, Alcoa, TN

10. Please provide a detailed description of the nature, extent, and duration of any and all injuries alleged to have been sustained by Plaintiff Faye Hudson in or as a result of the alleged accident.

1. Please produce each and every document to which you refer in your answers to the foregoing Interrogatories or which you relied upon in preparing your answers to the foregoing Interrogatories.

Response: Medical Records, Doctor Bills, and Police Report.

2. For any witness retained or specially employed to provide expert testimony on behalf of Plaintiff's, please produce the following:

a. Copies of any reports, documents, or notes containing a complete statement of all opinions to be expressed by each such witness;

b. Copies of the data or information considered by each such witness in forming such opinions;

c. Copies of the qualifications of each such witness;

d. A list of publication authorized by each such witness within the preceding ten (10) years;

e. Copies of all documents setting forth the compensation to be paid to each such witness; and

f. A listing of any other cases in which each such witness has testified as an expert at trial or by deposition within the preceding for (4) years.

Response:

a. Report attached for each

b. Not available

c. Not available

d. none known

e. none at this time

f. none in existence

3. Please produce each and every photograph, videotape, audiotape, or other visual or audio recording related to the matters at issue in this case that is in your possession, care, custody, or control.

Response:

None taken to my knowledge

4. Please produce all correspondence, memoranda, or other documentation (electronic, written, or otherwise) that Plaintiffs ever sent to or received from State Farm, including any of State Farm's present or former employees, officers, or directors.

Response:

Letters from State Farm- attached.

5. Please produce all correspondence, memoranda, or documents (electronic, written, or otherwise) that related to your allegation or claims in this case that you ever sent to or received from any other individual or entity not a party to this case.

Response:

N/A

6. Please produce any diary, notebook, calendar, or other document or item on or in which either or both Plaintiffs have written or recorded any information about their allegations and claim in this case.

Response: None exist- I gave an oral summary to my attorneys.

7. Please produce all bills, receipts, or other documents relating to the medical and other expenses Plaintiff Faye Hudson incurred as a result of injuries allegedly received in the alleged incident.

Response: Attached

Faye I Hudson  
Faye Hudson

STATE OF TENNESSEE  
COUNTY OF BLOUNT

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Faye Hudson, who acknowledged that she executed the foregoing instrument for the purposes therein contained.

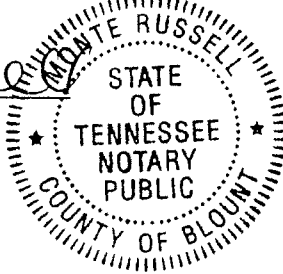
WITNESS my hand and official seal on this 3 day of January, 2012

Monte Russell

NOTARY PUBLIC

My Commission Expires:

6-3-14



#### CERTIFICATE OF SERVICE

I certify that I have sent a true and correct copy of the above Interrogatories and Request for Documentation in the US mail on the 9 day of JANUARY 2011 to the office of Chad E. Wallace, PO Box 3038, Johnson City, TN 37602.

F.D. Gibson III  
F.D. Gibson III

04/04/2010



Master Record Number	900090859
Type of Crash: Injury-Possible	
Approved By	181RH

## Tennessee Electronic Traffic Crash Report

### Incident Information

Date Of Crash 03/22/2010		Day of Crash Monday		Local Agency Number THPTRAC		Reporting Agency Name Tennessee Highway Patrol		Agency Tracking Number 110008655	
Time of Crash 14:35		Time Notified 14:40		Time Arrived 14:40		County Blount		City Eagleton Village	
Total 2		Total 2		Total 0		Total 0		Total 1	
Vehicles Hit and Run Y		Solved? N		Police Pursuit N		School Bus Involved? No		Killed N	
Injured By Not Applicable		Un-Injured Photographer Name		Photos Taken? N		Intersect Type Not at Intersection			
Area Not Applicable		Interchange Related? N							
Block Number		Roadway Number SR033		Roadway Name OLD KNOXVILLE		Suffix HWY			
Est Distance 200.00		Distance Type Feet		Direction South		From Highway Number/Intersection OLD KNOXVILLE		Suffix PIKE	
Intersect Number		Mile Marker		Roadway Local ID		Intersect Local ID			
Relation to Junction Non-Junction		Relation to Roadway On Roadway		Route Signing State Route					
Work Zone None		Construction Zone							
Construction Location		Workers Present							
First Harmful Event Motor Vehicle-In-Transport On Same Roadway		Trafficway Type Trafficway-OPEN							
Weather Conditions Cloudy		Light Conditions Daylight		Latitude		Longitude		Rail Crossing ID	
Manner of Collision Front to Rear									
1st Collision Factor		2nd Collision Factor		3rd Collision Factor					

### Investigating Officer Details

Investigation Complete N		Rank TROOPER		First Name EARNEST		Middle Initial L		Last Name MARION		Suffix JR	
Badge Number 382EM		District/Zone KNOXVILLE		Car Number 1157		Report Date 03/26/2010					

Vehicle Number	No. of Occupants 1	Driver Presence Driver Operated
----------------	-----------------------	------------------------------------

#### Driver Information

First Name FAYE	Middle Initial LOUISE	Last Name HUDSON	Suffix	Date of Birth 12/05/1955	Age 54
Address Line 1 208 BOBWHITE CIRCLE		Address Line 2		City MARYVILLE	State TN
Phone 1 8659780397	Phone 2	Phone 3	Race Caucasian	Ethnicity White	Gender F
Air Bag Available-No Deployment					
Safety Equipment Shoulder And Lap Belt Used					
Drivers License Number 075603053	License State TN	Expiration Date 2010	License Class D	License Status Valid	Seat Position Front Seat-Left Side
Endorsements 1	Complied With?	Endorsements 2	Complied With?	Endorsements 3	Complied With?
Restrictions 1	Complied With?	Restrictions 2	Complied With?	Restrictions 3	Complied With?
Ejected Not Ejected	Ejection Path Not Ejected			Trapped/Extricated Not Trapped	
Injury Code Possible Injury	Medical Transport Not Transported		Ambulance/Hospital		

#### Driver Conditions and Actions

Hit and Run? No Hit And Run	Driver/Vehicle Maneuver Going Straight	Distraction None
Driver's 1st Condition Appeared Normal	Driver's 2nd Condition	Driver's 3rd Condition
Driver's 1st Action None	Driver's 2nd Action	
Driver's 3rd Action	Driver's 4th Action	

#### Alcohol and Drugs

Presence of Alcohol No	Determination Method Observed	Alcohol Test Status Test Not Given
1st Alcohol Test Type Not Tested	1st Alcohol Test Result None Given	2nd Alcohol Test Type
2nd Alcohol Test Result		
Presence of Drugs No	Determination Method Observed	Drug Test Status Test Not Given
1st Drug Test Type Not Tested For Drugs	1st Drug Test Result No Drug Reported	2nd Drug Test Type
2nd Drug Test Result	3rd Drug Test Type	3rd Drug Test Result

#### Driver Violations

1st Violation	1st Violation Category	1st Violation Description	1st Violation Statute
2nd Violation	2nd Violation Category	2nd Violation Description	2nd Violation Statute
3rd Violation	3rd Violation Category	3rd Violation Description	3rd Violation Statute
4th Violation	4th Violation Category	4th Violation Description	4th Violation Statute
5th Violation	5th Violation Category	5th Violation Description	5th Violation Statute

#### Vehicle Information

Owner Same as Driver? Y	Owner First Name FAYE	Owner Middle Name LOUISE	Owner Last Name HUDSON	Owner Suffix
Street 1 208 BOBWHITE CIRCLE		Street 2		City MARYVILLE
State TN	Zip Code 37803	Phone Number 1 8659780397		
Phone Number 2	Phone Number 3	Vehicle Year 2001	Vehicle Make CHEV	Vehicle Model BLAZ
Color White				
VIN 1GNDT13W112230674	License Plate Number 676 HMB	State Tennessee	Exp Year 082010	Body Code Compact Utility
HAZMAT? N	FMCSA Reportable? N	Bus Use Not Used As School Bus	Unit Type Motor Vehicle In-Transport	
Gross Weight 10000 or Less-No Haz-8 Or Less		Vehicle Configuration		
Vehicle Operation Type Personally Owned/Used		Cargo Body Type		
1st Factor NONE	2nd Factor		3rd Factor	
Insurance 1 042 3449D1542D	Insurance 1 Type Vehicle	Insurance 1 Carrier STATE FARM	Insurance 1 Start Date 04/15/2009	Insurance 1 End Date 10/05/2009
Insurance 2	Insurance 2 Type	Insurance 2 Carrier	Insurance 2 Start Date	Insurance 2 End Date
Insurance 3	Insurance 3 Type	Insurance 3 Carrier	Insurance 3 Start Date	Insurance 3 End Date

**Vehicle Damage and Roadway Characteristics**

Most Harmful Event Motor Vehicle-In-Transport On Same Roadway		Emergency Use? N	Over Underride No Underride-Override		Fire in Vehicle? N
Events 1 Motor Vehicle-In-Transport On Same Roadway		Events 2		Events 3	
Events 4		Events 5		Events 6	
Point of First Impact Rear End		Extent of Damage Minor Damage		Officer Damage Estimate Greater Than 400 Dollars	
Areas of Vehicle Damage Rear End					
Vehicle Special Use No Special Use	Towed? Driven From Scene	Towed Where?		1st Trailer No Trailer	1st Trailer Licence Plate Information
2nd Trailer	2nd Trailer Licence Plate Information		3rd Trailer		3rd Trailer Licence Plate Information
Travel Direction North		Traveling On OLD KNOXVILLE HIGHWAY			
Trafficway Flow Two-Way Not Divided		Roadway Surface Type Asphalt		Number of Travel Lanes Two Lanes	
Trafficway Hazards None					
Traffic Control Devices No Control		Traffic Control Device Functioning No Controls		Roadway Route Signing State Route	
Roadway Surface Conditions Dry		Roadway Character Alignment Straight		Roadway Character Profile Level	
Speed Limit 40	Access Control No Control				

**Commercial Carrier Information**

US DOT	Carrier Name		Carrier Type		ICC MC	TN DOS
Address Line 1		Address Line 2		City	State	Zip Code
Phone						
1st Hazardous Materials	HAZMAT Class	Placard?	Placard #	Released?	Hazardous Materials Released	
2nd Hazardous Materials	HAZMAT Class	Placard?	Placard #	Released?	Hazardous Materials Released	
3rd Hazardous Materials	HAZMAT Class	Placard?	Placard #	Released?	Hazardous Materials Released	



Vehicle Number 2	No. of Occupants 1	Driver Presence Driver Operated
---------------------	-----------------------	------------------------------------

#### Driver Information

First Name		Middle Initial	Last Name		Suffix	Date of Birth	Age
Address Line 1		Address Line 2		City		State	Zip Code
Phone 1	Phone 2	Phone 3	Race	Ethnicity	Gender	Air Bag	
Safety Equipment							
Drivers License Number	License State	Expiration Date	License Class	License Status		Seat Position	
Endorsements 1		Complied With?	Endorsements 2		Complied With?	Endorsements 3	
Restrictions 1		Complied With?	Restrictions 2		Complied With?	Restrictions 3	
Ejected		Ejection Path				Trapped/Extricated	
Injury Code		Medical Transport		Ambulance/Hospital			

#### Driver Conditions and Actions

Hit and Run?	Driver And Vehicle Left Scene	Driver/Vehicle Maneuver Going Straight	Distraction
Driver's 1st Condition		Driver's 2nd Condition	Driver's 3rd Condition
Driver's 1st Action		Driver's 2nd Action	
Driver's 3rd Action		Driver's 4th Action	

#### Alcohol and Drugs

Presence of Alcohol		Determination Method		Alcohol Test Status	
1st Alcohol Test Type		1st Alcohol Test Result		2nd Alcohol Test Type	
				2nd Alcohol Test Result	
Presence of Drugs		Determination Method		Drug Test Status	
1st Drug Test Type	1st Drug Test Result	2nd Drug Test Type	2nd Drug Test Result	3rd Drug Test Type	3rd Drug Test Result

#### Driver Violations

1st Violation	1st Violation Category	1st Violation Description	1st Violation Statute
2nd Violation	2nd Violation Category	2nd Violation Description	2nd Violation Statute
3rd Violation	3rd Violation Category	3rd Violation Description	3rd Violation Statute
4th Violation	4th Violation Category	4th Violation Description	4th Violation Statute
5th Violation	5th Violation Category	5th Violation Description	5th Violation Statute

#### Vehicle Information

Owner Same as Driver?	Owner First Name	Owner Middle Name	Owner Last Name		Owner Suffix
Street 1	Street 2		City		State
			Zip Code	Phone Number 1	
Phone Number 2	Phone Number 3	Vehicle Year	Vehicle Make	Vehicle Model	Color Beige
VIN	License Plate Number NONE	State	Exp Year	Body Code Four-Door Sedan Hardtop	
HAZMAT? N	FMCSA Reportable? N	Bus Use Unknown Bus Use		Unit Type Motor Vehicle In-Transport	
Gross Weight Unknown			Vehicle Configuration		
Vehicle Operation Type Personally Owned/Used			Cargo Body Type		
1st Factor Unknown		2nd Factor		3rd Factor	
Insurance 1	Insurance 1 Type No Insurance	Insurance 1 Carrier		Insurance 1 Start Date	Insurance 1 End Date
Insurance 2	Insurance 2 Type	Insurance 2 Carrier		Insurance 2 Start Date	Insurance 2 End Date
Insurance 3	Insurance 3 Type	Insurance 3 Carrier		Insurance 3 Start Date	Insurance 3 End Date

# Vehicle Damage and Roadway Characteristics

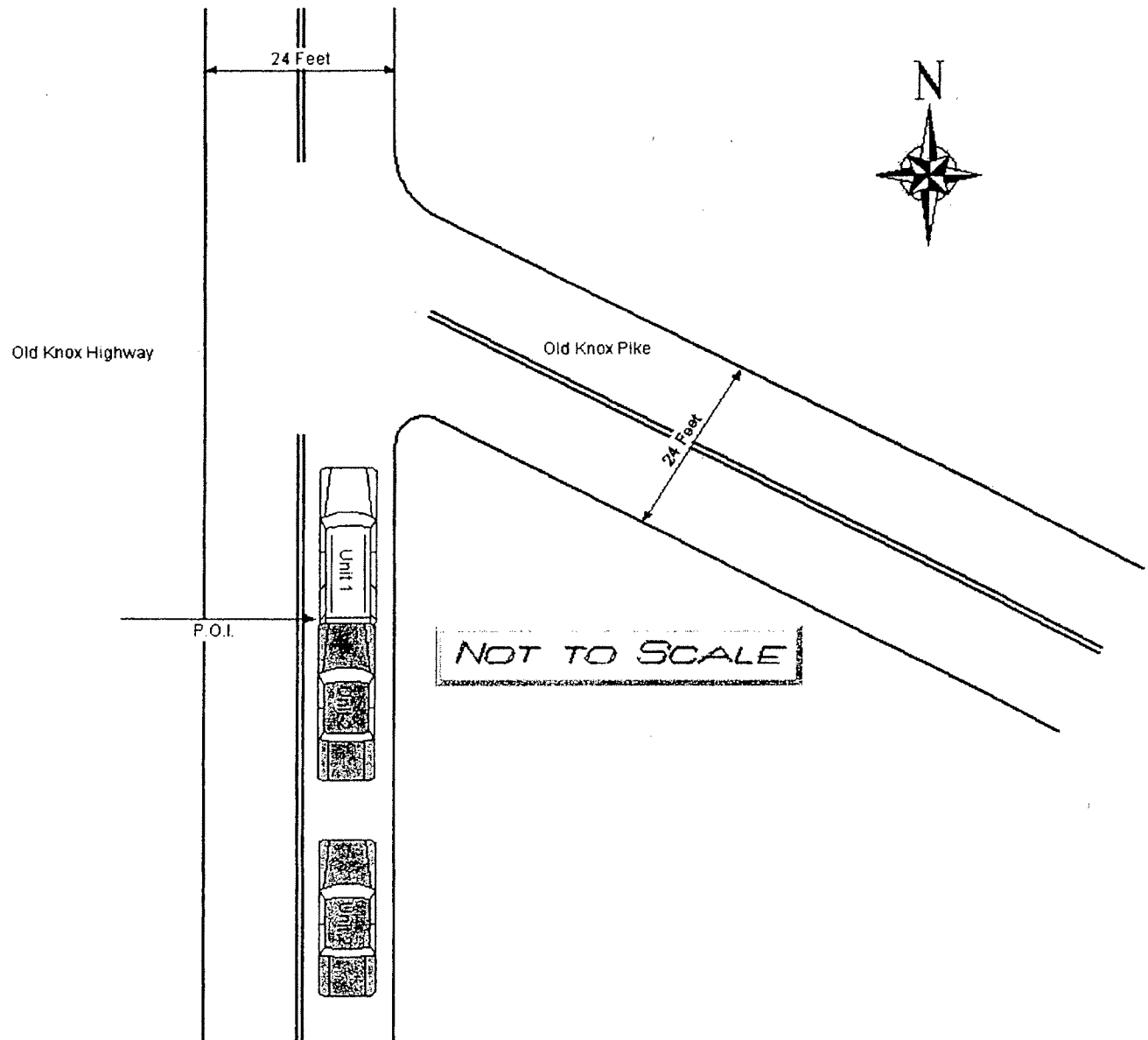
Most Harmful Event Motor Vehicle-In-Transport On Same Roadway		Emergency Use? N	Over Underride No Underride-Override		Fire in Vehicle? N
Events 1 Motor Vehicle-In-Transport On Same Roadway		Events 2		Events 3	
Events 4		Events 5		Events 6	
Point of First Impact Unknown		Extent of Damage Unknown		Officer Damage Estimate Unknown	
Areas of Vehicle Damage Unknown					
Vehicle Special Use Unknown	Towed? Driven From Scene	Towed Where?	1st Trailer No Trailer		1st Trailer Licence Plate Information
2nd Trailer		2nd Trailer Licence Plate Information		3rd Trailer	3rd Trailer Licence Plate Information
Travel Direction North		Traveling On OLD KNOX HIGHWAY			
Trafficway Flow Two-Way Not Divided		Roadway Surface Type Asphalt		Number of Travel Lanes Two Lanes	
Trafficway Hazards None					
Traffic Control Devices No Control		Traffic Control Device Functioning No Controls		Roadway Route Signing State Route	
Roadway Surface Conditions Dry		Roadway Character Alignment Straight		Roadway Character Profile Level	
Speed Limit 40	Access Control No Control				

# Commercial Carrier Information

US DOT	Carrier Name		Carrier Type		ICC MC	TN DOS
Address Line 1		Address Line 2		City	State	Zip Code
1st Hazardous Materials		HAZMAT Class	Placard?	Placard #	Released?	Hazardous Materials Released
2nd Hazardous Materials		HAZMAT Class	Placard?	Placard #	Released?	Hazardous Materials Released
3rd Hazardous Materials		HAZMAT Class	Placard?	Placard #	Released?	Hazardous Materials Released

# Narrative

VEHICLE 1 WAS TRAVELING NORTH ON SR 33 AT THE TIME OF THE CRASH. VEHICLE 2 WAS FOLLOWING IMPROPERLY AND HIT 1 IN THE REAR. BOTH VEHICLES PULLED OFF THE ROAD TO LOOK AT THE DAMAGE. THE DRIVER OF 2 A WHITE MALE STATED THAT HIS CAR WAS ALL RIGHT DESPITE DAMAGE AND INSISTED THAT SHE NOT NOTIFY 911. VEHICLE 2 THEN FLED THE SCENE. VEHICLE 1 CONTINUED TO MY PRESENT LOCATION TO REPORT THE HIT AND RUN.



# AUTOMOBILE CLAIM REPORT

Agent copy  
Revised

Page 1  
March 16, 2011

Reporting agent: JARVIS, DEAN  
Claim#: 42-2357-947

Agent code: 42-2154

Agent phone: (865) 983-5579

Alias: IGU9

Claim rep: TEAM 90, PROCESSOR

Claim office: CLM CENTRAL-AUTO TN SO CENT  
Claim rep phone: 888-898-6710

INSURED

Coverages: A 100/300/50, C1000, D500, G500, H, R1, U1 100/300/50  
Policy number: 042 3449-D15-42D Insured: HUDSON, WILLIAM AND FAYE

Date of loss: 03-22-10  
Time of loss: : M  
Date reported: 03-26-10

Address: 208 BOBWHITE CIR  
City: MARYVILLE  
Phone: H 865-789-3204  
Contact:

St: TN Zip: 37803-6501

Location of loss: BROADWAY

City: MARYVILLE

St: TN

VEHICLE 1

Insured vehicle/year/make/model/bodystyle): 01 CHEVROLET BLAZER SPORT WG  
VIN: 1GNAT13W112230674 License number/state: /

Involved in loss? YES

Prior damage:  
Principal damage: REAR

Driveable: NO

Driver: HUDSON, FAYE

Age: Date of birth: - - Sex:  
Injuries: NECK & BACK

FACTS

FAYE WAS TRAVELING ON BROADWAY AND STOPPED SUDDENLY; DUE TO VEH MAKING LEFT TURN TRAVELING IN OPPOSITE DIRECTION. VEH#2 DIDN'T GET STOPPED & REAR ENDED VEH#1. BOTH VEH#1 & VEH#2 PULLED INTO NEAR-BY TEXACO PARKING LOT. DRIVER OF VEH#2 GOT OUT OF HIS VEH AND CAME OVER TO FAYE'S VEH. WHEN SHE STARTED TO CALL 911 HE STATED HE NEEDED TO GET SOMETHING FROM HIS VEH AND HE LEFT THE SCENE FAYE GOT HIS LICENSE PLATE NUMBER & GAVE TO 911 DISPATCHER.

Police report made? YES  
Dept where reported: THP  
Report number:

Insured violation? Describe:  
Claimant violation? Describe:

OTHER PARTIES TO THE LOSS

Veh No. 1 Name: WEST CHEVROLET, INC.

Address: 3450 AIRPORT HWY  
City: ALCOA  
Phone: B 865-970-9378 Ext:

Facility ID = 12X9  
St: TN Zip: 37701-3236  
Ext:  
Party type: SELECT SERVICE

Comments:

Remarks:

FAYE IS IN RENTAL FROM ENTERPRISE.

3/23/2010  
Rupar

**State Farm®**  
Providing Insurance and Financial Services  
Home Office, Bloomington, Illinois 61710



November 12, 2010

FAYE HUDSON  
208 BOBWHITE CIR  
MARYVILLE, TN 37803-6501

Mid America eMed Office  
P.O. BOX 20707  
MURFREESBORO, TN 37129-0088

RE: Claim Number: 42-2357-947  
Date of Loss: 3/22/2010  
Our Insured: HUDSON WILLIAM AND FAYE

Dear FAYE HUDSON:

✓ It has been reported that you were recently injured in a motor vehicle accident. The policy provides Medical Payments Coverage for reasonable expenses for necessary medical treatment resulting from the accident. The expenses are covered for three years from the date of the accident for bodily injury, provided the injury is discovered and treated within one year of the accident date, up to a limit of \$1,000.00.

To assist us in processing your claim, please sign the enclosed medical authorization and claim information form and return it to us in the self-addressed, prepaid envelope which is enclosed. If the injured person is a minor, the minor's parent(s) or legal guardian(s) should sign the medical authorization.

In the event we make a payment to you on your behalf under your medical payments coverage for bodily injury caused by someone who may be legally liable, we are entitled to reimbursement of our payment. Should we make payment on your behalf, we require that you take no action that might jeopardize our right of subrogation and request you advise us prior to settlement with any person or organization legally responsible for your injury.

Please retain this letter for your personal records, as it identifies both your claim handler and your claim number. This information will enable us to promptly process your claim and help answer any inquiry you may have regarding this matter.

Sincerely,

*Kim Honey*

Kim Honey  
Claim Processor  
(877) 236-5890

State Farm Mutual Automobile Insurance Company

State Farm Insurance Companies



P.O. BOX 20707  
Murfreesboro, TN 37129

November 18, 2010

Faye Hudson  
208 Bobwhite Cir  
Maryville, TN 37803-6501

RE: Claim Number: 42-2357-947  
Date of Loss: March 22, 2010  
Our Insured: Faye Hudson

Dear Mrs. Hudson:

Enclosed please find an Authorization to Provide Information and Provider List. Please sign both forms and return to us. If the injured party is a minor, the minor's parent(s) or legal guardian(s) should sign the medical authorization.

A return envelope is enclosed for your convenience.

Thank you for your cooperation.

Sincerely,

*Aisleen Farless*

Aisleen Farless  
Claim Representative  
(615) 692-3262

State Farm Mutual Automobile Insurance Company

Enc. Authorization to Provide Information  
and Provider List  
Envelope

For your insurance and financial needs, please contact an agent  
or visit [statefarm.com](http://statefarm.com).

# State Farm Insurance Companies



P.O. BOX 20707  
Murfreesboro, TN 37129

January 17, 2011

Faye Hudson

208 Bobwhite Cir  
Maryville, TN 37803-6501

RE: Claim Number: 42-2357-947  
Date of Loss: March 22, 2010  
Our Insured: Faye Hudson

Dear Mrs. Hudson:

Please be advised the one-year Statute of Limitations, as provided by Tennessee state law, expires for your claim on March 22, 2011. This means you will not be able to maintain a cause of action for your bodily injury claim after March 22, 2011 if your claim has not been concluded or if you have not filed suit against our insured by that date.

If you would like to discuss your claim, please call us. Our office hours are 8:30 a.m. to 5:00 p.m. CST Monday-Friday.

Sincerely,

A handwritten signature in cursive script that reads "Aisleen Farless".

Aisleen Farless  
Claim Representative  
(615) 692-3262

State Farm Mutual Automobile Insurance Company

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-0001

## Patient Statement Inquiry

Patient : 27191 - Hudson, Faye

Date	Description	Amount
03-11-2011	Payment Patient paid \$247.00 for DOS via check # 1336. Batch #MAIL031111.	-78.00
03-11-2011	Payment Patient paid \$247.00 for DOS via check # 1336. Batch #MAIL031111.	-78.00
03-11-2011	Discount Discount of \$134.00 for DOS 03/07/2011-03/07/2011.	-134.00
03-30-2011	Payment State Farm paid \$0.00 for DOS 01/19/2011-02/10/2011 via check # PhoneCall, Batch # mjh0311. Per Mary w/ State Farm claims denied due to after review not due to auto accident.	0.00
03-30-2011	Payment State Farm paid \$0.00 for DOS 01/19/2011-02/10/2011 via check # PhoneCall, Batch # mjh0311. Per Mary w/ State Farm claims denied due to after review not due to auto accident.	0.00
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04-04-2011	Statement Statement of Account printed 04-04-2011 Patient Balance: \$1,388.00 Insurance Balance: \$0.00 Statement Type: 8	
04-06-2011	Statement Statement of Account printed 04-06-2011 Patient Balance: \$1,388.00 Insurance Balance: \$0.00 Statement Type: 8	
05-03-2011	Statement Statement of Account printed 05-03-2011 Patient Balance: \$1,388.00 Insurance Balance: \$0.00 Statement Type: 8	
	<b>Total Charges on Account:</b>	<b>2259.00</b>
	<b>Total Payments on Account:</b>	<b>-325.00</b>
	<b>Total Discounts on Account:</b>	<b>-546.00</b>
	<b>Total Account Adjustments:</b>	<b>0.00</b>
	<b>Total Account Charge Reversals:</b>	<b>0.00</b>
	<b>Account Balance Due:</b>	<b>1388.00</b>



# Patient Statement Inquiry

Patient : 27191 - Hudson, Faye

01-19-2011	97001	Phys Therapy Eval	1.00	168.00
	97014	E-stim Unat	1.00	29.00
01-24-2011	97014	E-stim Unat	1.00	29.00
	97140	Manual.Ther	2.00	118.00
	97530.59	Funct Activity	1.00	59.00
01-28-2011	97014	E-stim Unat	1.00	29.00
	97140	Manual.Ther	1.00	59.00
	97530.59	Funct Activity	3.00	177.00
02-01-2011	97035	U.S.	1.00	59.00
	97014	E-stim Unat	1.00	29.00
	97140	Manual.Ther	1.00	59.00
	97530.59	Funct Activity	1.00	59.00
02-02-2011	Statement	Statement of Account printed 02-02-2011		
02-07-2011	97014	E-stim Unat	1.00	29.00
	97530	Funct Activities	3.00	177.00
02-10-2011	97014	E-stim Unat	1.00	29.00
	97530	Funct Activities	3.00	177.00
02-11-2011	97014	E-stim Unat	1.00	29.00
	97530	Funct Activities	3.00	177.00
02-23-2011	97140	Manual.Ther	1.00	59.00
	97530.59	Funct Activity	2.00	118.00
02-25-2011	97140	Manual.Ther	1.00	59.00
	97530.59	Funct Activity	2.00	118.00
02-26-2011	Payment	Patient paid \$78.00 for DOS 02/23/2011-02/23/2011 via check # 1328, Batch # maryville022511.		-78.00
02-28-2011	97140	Manual.Ther	1.00	59.00
	97530.59	Funct Activity	2.00	118.00
02-28-2011	Payment			0.00
02-28-2011	Payment			0.00
02-28-2011	Discount	self pay Discount of \$214.00 for DOS 02/11/2011-02/23/2011.		-115.00
02-28-2011	Discount	self pay Discount of \$214.00 for DOS 02/11/2011-02/23/2011.		-99.00
02-28-2011	Discount	Discount of \$198.00 for DOS 02/25/2011-02/28/2011.		-99.00
02-28-2011	Discount	Discount of \$198.00 for DOS 02/25/2011-02/28/2011.		-99.00
03-02-2011	Statement	Statement of Account printed 03-02-2011 Patient Balance: \$247.00 Insurance Balance: \$1,288.00 Statement Type: 8		
03-07-2011	97140	Manual.Ther	2.00	118.00
	97530.59	Funct Activity	2.00	118.00
03-11-2011	Payment			0.00
03-11-2011	Payment	Patient paid \$247.00 for DOS via check # 1336, Batch #MAIL031111.		-91.00

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From RMT By mxtipton

Page 1

# Patient Statement Inquiry

Patient : 27191 - Hudson, Faye

03-11-2011	Payment	Patient paid \$247.00 for DOS via check # 1336, Batch #MAIL031111.	-78.00
03-11-2011	Payment	Patient paid \$247.00 for DOS via check # 1336, Batch #MAIL031111.	-78.00
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03-30-2011	Payment	State Farm paid \$0.00 for DOS 01/19/2011-02/10/2011 via check # PhoneCall, Batch # mjh0311. Per Mary w/ State Farm claims denied due to after review not due to auto accident.	0.00
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04-06-2011	Statement	Statement of Account printed 04-06-2011 Patient Balance: \$1,388.00 Insurance Balance: \$0.00 Statement Type: 8	
05-03-2011	Statement	Statement of Account printed 05-03-2011 Patient Balance: \$1,388.00 Insurance Balance: \$0.00 Statement Type: 8	
		Total Charges on Account:	2269.00
		Total Payments on Account:	-326.00
		Total Discounts on Account:	-646.00
		Total Account Adjustments:	0.00
		Total Account Charge Reversals:	0.00
		Account Balance Due:	1388.00

Printed 5/4/2011 11:24:08 AM  
From RMT By mxtipton

Page 2



AMORY PLACE MEDICAL CENTER  
117 GILL STREET  
ALCOA, TN 37701

OFFICE VISIT NOTES

P 865.982.3409  
F 865.977.9844

Name Faye Hudson

DOB 12-5-55 Sex M F

Date 1-10-11 Time 10:10

CC <u>Reg. to PT - MVA in Mar. injured</u>		REVIEWED	UPDATED
(R) hip lower back		PMF/SHX	<input type="checkbox"/>
HPI <u>pt was restrained driver in chevy blazer, got rear-ended and was a hit and run. (R) leg (R) hip / lower back pain, (L) hip hasn't seen a doctor since MVA in 3/2010.</u>		Vital Signs	<input type="checkbox"/>
ALLERGIES: <u>Pcn</u>		Meds. List	<input type="checkbox"/>
ROS		LMP	
fever/chills	chest pain	Last Tetanus	
visual changes	palpitations	Tobacco	/ day
nasal congestion	orthopnea/PND		/ yrs.
hearing loss	leg swelling	ETOH	/ wk.
sore throat	exertional leg pain	Drugs	Y N
post-nasal drip	wheezing	PCP:	
wt. loss/gain	abdominal cramping	joint pain/swelling	
night sweats	nausea/vomiting	muscle aches	
SOB/cough	diarrhea/constipation	insomnia	
hemoptysis	heartburn/jaundice	stress/depressed	
murmur	blood in stool	mood chg	
	indigestion	heat/cold intolerance	
	nocturia	vaginal d/c	

PHYSICAL EXAMINATION ☐ = positives / = negatives

<input type="checkbox"/> Normal General	<input checked="" type="checkbox"/> Normal GI / Abdomen
Vitals Stable Alert Orient x3 Acute Distress	NL BS Tender Mass HSM
Pain Rating /10 NC/AT	Bruit Pulsation Scar Hernia Hemorrh. (Ext / Int)
<input type="checkbox"/> Normal HEENT	<input type="checkbox"/> Normal GU / Pelvis
Eyes (PERRL EOMs Conj. Fund. Fluoresc.)	CVA Breasts Genitals (Pen. / Vag.) Cervix CMT
Sinus Tend. (Max / Front) Nodes Thyroid	Adnexae Rectal Hemoccult (- +) Prostate
<input checked="" type="checkbox"/> Normal Ears / Nose / Throat	<input type="checkbox"/> Normal Musculoskeletal
Ears (TMs Canals Nose (Mucosa Turbs)	Neck / Back (ROM Tend.) Extremity / Joints (ROM
O/P (Red Tonsils Exud. PND)	SLRs (R L) Gait Heel / Toe Walk
<input checked="" type="checkbox"/> Normal Cardiovascular	<input type="checkbox"/> Normal Neuro / Psych
Rate Rhythm Murmur Gallop	CN II - XII Rhomboid DTRs (UE LE) A+O = 3
JVD Edema Pulses Carotid Bruit	Sensory Motor Tremor Affect Speech
<input checked="" type="checkbox"/> Normal Respiratory	<input type="checkbox"/> Normal Skin / Lymph
Unlabored Breathing Lungs CTA Percussion	Pale Red Rash Ecchymosis Lesion Nails
Wheezes Rhonchi Crackles	Nodes (Neck Axilla Groin Other)

ASSESSMENT/PLAN

(R) lumbosacral foramen  
MVA

(P) OMT to (R) S1 joint c success  
Naproxen 500mg q BID #60 x 2RF  
flexiril 10mg q TID #30 NRE.  
Considers PT & CT Scan if pain persists.

DISCHARGE INSTRUCTIONS

- |  |  |
|--|--|
| <input type="checkbox"/> Call/RTC if symptoms worsen or don't improve in _____ days/ _____ weeks | <input type="checkbox"/> Follow-up Lab(s) _____ wks/ _____ months                          |
| <input type="checkbox"/> RTC in _____ days/weeks   | <input type="checkbox"/> Referral(s) to: _____ for diagnosis of: _____                     |
| <input type="checkbox"/> To ED if symptoms worsen  | <input type="checkbox"/> Scheduled Outpt. Testing: _____ for diagnosis of: _____ at: _____ |
| <input type="checkbox"/> Tylenol/Ibuprofen   |  |
| <input type="checkbox"/> Rest, Ice, Compression, Elevate   |  |

EXAM NOTES / DIAGRAMS

M/S - (R) ASIS ↑ 1/2" and  
(R) leg ↑ 1/2" c pain  
on the (R) side of  
lumbosacral area  
P OMT - legs/ASIS  
were level.

NEURO G SLR B  
C DTRs 2/4 VL

Injection(s):

LAB	X-RAY
UA / C&S	Mono <input type="checkbox"/>
CBC	Gen Probe (Chla / GC) <input type="checkbox"/>
BMP	RPR <input type="checkbox"/>
CMP	Herpes AB <input type="checkbox"/>
Hepatic	PT/INR EKG
TSH	Hepatitis Panel Spirometry
Free T4	Pap Pulse Ox: _____
HgbA1C	Wet Mount Other: _____
ANA	PG (urine/serum)
RF	Testosterone
Sed Rate	FSH
CRP	Estradiol
Uric Acid	Other: _____
FSBS	
Strep (+ -)	
Flu (+ -)	

Burt Webber  
Provider's Signature

1/18/11  
Date

**PARK MED URGENT CARE CENTER**

NP/PA

**For Billing Inquiries:**  
Call: (865) 292-3000  
or mail to:  
P.O. Box 52552  
Knoxville, TN 37950  
ID # 62-1609262

**PLEASE RETURN THIS FORM TO THE RECEPTIONIST**

PATIENT NAME Ellie Hill

BIRTHDATE

PHYSICIAN

SS # 2101-20-11005

DATE 1-8-11

Time: In PM Out PM

INS./COMPANY

LOCATION BIDUHT

OFFICE SERVICES (NEW PATIENT) (NEED 3 OF 3 KEY COMPONENTS)			RADIOLOGY		CPT-4		FEE		LABORATORY		OFFICE SURGERY		ORTHOPEDIC SUPPLIES		FEE	
Focused	1-5-9	99201		ABD 1V		74000			Amylase		82150		Destruction, Benign/PreMalignant, Lesions		Ace Wrap, <3"	A6448
Expanded	2-6-9	99202		ABD 2V		74010			ANA		86038		Benign Lision - 1st	17000	Ace Wrap, 3"-5"	A6449
Detailed	3-7-10	99203		AC Joints		73050			Basic Metabolic Panel		80048		2-14 Lesions	17003	Ace Wrap, 5">	A6450
Comp/Mod	4-8-11	99204		Ankle 2V		73600			CBC + QBC*		85027		15 or more Lesions	17004	Ankle Brace	L1906
Comp/High	4-8-12	99205		Ankle 3V		73610			Chlam/GC gen probe		87800		Wart Removal 0-15	17110	Ankle Splint	L4396
Camp/Sport/School/Phys.				Cerv 2V		72040			Comp. Metabolic Panel		80053		Pairing or Cure/Wart or Callus	11055	Arm Sling	A4565
Ages 0 mo.-11 mo.		99381		Cerv 2V-3V		72050			C-Reactive Protein		86140		2-4 Lesions	11056	Cervical Collar	L0120
Ages 1-4		99382		Chest 1V		71010			Digoxin Level		80162		4+ Lesions	11057	Crutch (1)	E0113
Ages 5-11		99383		Chest 2V		71020			Fluorescent		86255		Removal Skin Tags 0-15	11200	Crutches (2)	E0112
Ages 12-17		99384		Clavicle, complete		73000			Folic Acid		82746		Excision, Benign, Lesion		Finger Splint Kit	A4570
Ages 18-39		99385		Elbow 2V		73070			FSH		83001		Site: _____ Size: 114		Finger-Hand-Wrist Splint	L3800
Ages 40-64		99386		Elbow 3V		73080			General Health Panel		80050				Knee Immobilizer	L1830
Ages 65+		99387		Facial 3V		70150			Glucose (Quant.)		82947		Incision & Removal FB	10120	Knee Support-Elastic knee cap	L1825
Physical Exam (MC Only 1st visit)		G0344		Femur 2V		73550			Glucose (Regent Strip)		82948		Punch Biopsy	11100	Post-Op Shoe	L3260
EKG (MC Only-1st visit)		G0366		Finger 2V		73140			HIV Antibody		86701		Each Add'l. Lesion	11101	Rib Belt, Thoracic	L0210
OFFICE SERVICES (ESTABLISHED) (NEED 2 OF 3 KEY COMPONENTS)				Foot 2V		73620			Hemocult		82270		I&D		Shoulder Immob	L3650
Focused	1-5-9	99212		3V		73630			Hepatic Function Panel		80076		Abscess-simple	10060	Tennis Elbow Splint	L3700
Expanded	2-6-10	99213		Forearm, 2V		73090			Acute Hepatitis Panel		80074		Abscess-complex	10061	Wrist/Forearm Splint	L3908
Detailed	3-7-11	99214		Hand 2V		73120			Herpes Simplex, Probe		87528		Bursa	27301		
Comp/High	4-8-12	99215		3V		73130			HgAIC		83036		Ext. Hemorrhoid	46320		
Non-Dr (Nurse/Lab)		99211		Heel 2V		73650			H. Pylori		86677		Hematoma-simple	10140		
(BP/WT CK/INJ)				Hip 2V		73510			KOH slide/skin,scab,etc.		87220		Sebacous cyst	10160	SPECIAL PROCEDURES	
Post-Op Visit NIC		99024		Humerus 2V		73060			Lead		83655		WOUND REPAIR		Audiometry	92552
Camp/Sport/School/Phys.				Knee 1-2V		73560			LH		83002		SIMPLE CLOSURE: HANDS/FEET		Breath Alcohol Cont	80102
Ages 0 mo.-11 mo.		99391		Knee 3V		73562			Lipid Panel		80061		TRUNK/SCALP/EXT/GENITALIA/NECK		Breath Alcohol Test.	82075
Ages 1-4		99392		Knee 4 or >V		73564			Lyme Disease		86618		Up to 2.5cm	12001	Digital Block	64450
5-11		99393		Lumbar Spine 2-3V		72100			Mono		86308		2.6cm-7.5cm	12002	EKG - Complete	93000
12-17		99394		Mandible Jaw 4V		70110			Pap Smear		88150		FACE/EARS/NOSE/EYELIDS/LIPS		Flow Volume Loop	94375
18-39		99395		Nasal Bones 3V		70160			Prolaction		84146		MUCOUS MEMBRANE		Medical Records	99080
40-64		99396		Orbitis 4V		70200			Pregnancy Test/Urine		81025		Up to 2.5cm	12011	Nebulizer Treat.	94640
65+		99397		Pelvis 1-2V		72170			Pregnancy Test/Serum		84702		2.6cm-5.0cm	12013	Resp. Fit Test	A4640
DOT		99455		Ribs 2V		71100			PSA; Complexed (direct)		84152		LAYERED CLOSURE: SCALP/TRUNK		Spirometry	94010
Company Physical #1		99455		Sacrum/Coccyx 2V		72220			PSA; Total		84153		EXT/ NOT HANDS OR FEET		Tonometry	92100
DRUG SCREENS	CPT	FEE		Scapula		73010			Prothrombin Time		85610		Up to 2.5cm	12031		
Collection Only	99001			Shoulder 2V		73030			Rheum Factor		86431		HANDS/FEET/NECK/GENITALIA			
Collection w/Screen	99001			Sinus-Waters VW		70210			RMSF		86790		Up to 2.5cm	12041		
Drug Confirmation	80102			Sinus 3V		70220			RPR		86592		FACE/EARS/EYELIDS/NOSE			
Drug Screen-DOT	80100			Skull 4V		70260			Sed Rate/ ESR		85652		LIPS/MUCOUS MEMBRANES			
Drug Screen-NON DOT	80100			Sternum 2V		71120			Strep Screen		87430		Up to 2.5cm	12051	BURN CARE	
MRO	99499			Tib/Fib 2V		73590			Testosterone, Free		84402		NAILS		CPT	FEE
Tissue/Hair Sample	80103			Toes 2V		73660			Thyroid; Total		84436		Evac subung hematoma	11740	Initial Tx-1st degree	16000
Triage Test	80101			T-Spine 2V		72070			Thyroid; Free		84439		Repair nailed simple	11760	Initial Tx-2nd degree	16020
INJECTIONS/DRUGS				Wrist 2V		73100			TSH		84443		Ingrown toenail/wedge skin	11765	FB REMOVAL	
Allergy, single inj	95115			Wrist 3V		73110			Uric Acid		84550		Avulsion nail plate/single	11730	Rem FB; Tissue, simple	10120
Allergy, 2> inj	95117			INJECTIONS/DRUGS					Urinalysis		81002				Rem FB, complicated	10121
Benadryl up to 50mg	J1200			Lasix up to 20mg		J1940			Urinalysis w/Micro		81000		EYE - EAR - NOSE		JOINT BURSA	
Bicillin up to 1,200,000 units	J0540			Levsin up to 0.25mg		J1980			Urine, C&S		87086		Ear Wash/Natural ear impact.	69210	Intermediate Joint Inj	20605
Celestone per 4mg	J0704			Lyme		90665			Specimen Hand/Collection		99000		Removal of FB- ear	69200	Inj, single tendon,ligament	20550
Compazine up to 10mg	J0780			MMR		90707			Venipuncture		36415		Eye wash/Rem FB superficial	65205	Inj. Carpal, therapeutic	20526
Decadron 4 mg	J1100			Norflex up to 60mg		J2360			Wet Mount		87210		Rem FB Corij./scl.	65210	Major Joint Inj	20610
Decadron LA 8mg	J1094			OPV		90712			Zinc		84630		Rem FB embedded	65220	Minor Joint Inj	20600
Delestrogen up to 20mg	J1390			Phenergan up to 50mg		J2550									Trigger Inj 1 or 2 muscle	20552
Demerol per 100 mg	J2175			Pneumonia Vaccine		90732									Trigger Inj 3> muscles	20553
Depo-Medrol 40mg	J1030			PPD		86580									OTHER PROCEDURES/SUPPLIES	
Depo-Provera 150 mg	J1055			Rocephin 250 mg		J0696										
DTP	90701			Solu-Medrol up to 40mg		J2920										
Epinephrine 1 ml	J0170			Stadol 1 mg		J0595										
Estradiol	82670			Testosterone up to 100mg		J1070										
Flu Vaccine	90658			Testosterone 1cc, 200mg		J1080										
Gentamycin up to 80mg	J1580			Tetanus Toxoid		90703										
Hepatitis B (3 Series)				Tdap		90715										
Age 0 - 19 yrs.	90744			Td-Tetanusdiphtheria >7yrs		90718										
Age 20 >	90746			Td-Tetanusdiphtheria <6yrs		90702										
HIB	90646			Toradol IM per 15mg		J1885										
Imitrex, up to 6mg	J3030			Vaccination Inj Fee		90471										
Kenalog per 10mg	J3301			>2 Vaccination Inj Fee		90472										
				Vistaril up to 25mg		J3410										
				Vitamin B12 up to 1000mc		J3420										
CO-PAY DUE \$ _____																
TODAY'S CHG. \$ 110																
CO-PAY PAID \$ _____																
ADJUSTMENT \$ 34																
TODAY'S PMT. \$ 16																
CURRENT BAL. \$ _____																
RETURN VISIT: _____																
WKS. _____ MO. _____ AS NEEDED																
FASTING _____ NON-FASTING _____																
CK/MO # 1309																
MC/VISA _____ CASH _____																
MC/VISA AUTH # _____																
CHECKED OUT BY _____																
DX: 1. LUM BOSACRAL STR., (TORSION)																
2. _____																
3. _____																
4. _____																
PREV. BAL. > 61 days																

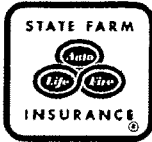
**COMMENTS:**

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# EXPLANATION OF REVIEW

*This is not a bill*

<b>CLAIM NUMBER</b>	42-2357-947	<b>OFFICE NAME</b>	State Farm Mutual Automobile Insurance Company Mid America eMed Office					
FAYE HUDSON 208 BOBWHITE CIR MARYVILLE, TN 37803-6501		THERAPY CENTER INC PO BOX 32709 KNOXVILLE, TN 37930-2709						
<b>DATE OF LOSS</b>	3/22/2010	<b>CLAIM HANDLER</b>	Holly Johnson					
<b>NAME INSURED</b>	HUDSON, WILLIAM AND FAYE	<b>ADDRESS</b>	P.O. Box 20707 Murfreesboro, TN. 37129-0088					
<b>POLICY NUMBER</b>	042344942	<b>PHONE</b>	(877) 236-5890					
<b>JURISDICTION</b>	Tennessee	<b>TIN</b>	621-11-0748					
<b>ZIP OF SERVICE</b>	37930-2709							
<b>BILL REFERENCE NUMBER</b>	27191 200627	<b>DATE RECEIVED</b>	1/28/2011					
<b>DIAGNOSIS CODES</b>	781.92 ABNORMAL POSTURE, 728.2 MUSCULAR WASTING AND DISUSE ATROPHY, NOT ELSEWHERE CLASSIFIED, 724.3 SCIATICA							
<b>DRAFT NUMBER</b>								
<b>LINE</b>	<b>DATE OF SERVICE</b>	<b>POS</b>	<b>CPT/HCPCS</b>	<b>MOD/TS</b>	<b>UNITS</b>	<b>SUBMITTED AMOUNT</b>	<b>APPROVED AMOUNT</b>	<b>REASON CODES</b>
1	1/19/2011	11	97001	GP	1	168.00	0.00	SF148
2	1/19/2011	11	97014	GP	1	29.00	0.00	SF148
<b>TOTAL SUBMITTED CHARGES</b>						197.00		
<b>TOTAL APPROVED AMOUNT</b>						0.00		
<b>AMOUNT NOT PAYABLE</b>						0.00		
<b>DEDUCTIBLE</b>						0.00		
<b>APPORTIONMENT/PRO RATA</b>						0.00		
<b>PAID AMOUNT</b>						0.00		

**EXPLANATIONS**

SF148 This procedure was performed for a condition not related to the motor vehicle accident.

**PROCEDURE GUIDE**

97001 Physical therapy evaluation

97014 Application of a modality to 1 or more areas; electrical stimulation (unattended)

Other

**DATE :**3/9/2011

Professional



# EXPLANATION OF REVIEW

*This is not a bill*

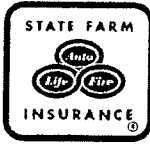
<b>CLAIM NUMBER</b>	42-2357-947	<b>OFFICE NAME</b>	State Farm Mutual Automobile Insurance Company Mid America eMed Office					
FAYE HUDSON 208 BOBWHITE CIR MARYVILLE, TN 37803-6501		THERAPY CENTER INC PO BOX 32709 KNOXVILLE, TN 37930-2709						
<b>DATE OF LOSS</b>	3/22/2010	<b>CLAIM HANDLER</b>	Holly Johnson					
<b>NAME INSURED</b>	HUDSON, WILLIAM AND FAYE	<b>ADDRESS</b>	P.O. Box 20707 Murfreesboro, TN. 37129-0088					
<b>POLICY NUMBER</b>	042344942	<b>PHONE</b>	(877) 236-5890					
<b>JURISDICTION</b>	Tennessee	<b>TIN</b>	621-11-0748					
<b>ZIP OF SERVICE</b>	37930-2709							
<b>BILL REFERENCE NUMBER</b>	27191 200996	<b>DATE RECEIVED</b>	2/22/2011					
<b>DIAGNOSIS CODES</b>	781.92 ABNORMAL POSTURE, 728.2 MUSCULAR WASTING AND DISUSE ATROPHY, NOT ELSEWHERE CLASSIFIED, 724.3 SCIATICA							
<b>DRAFT NUMBER</b>								
<b>LINE</b>	<b>DATE OF SERVICE</b>	<b>POS</b>	<b>CPT/HCPCS</b>	<b>MOD/TS</b>	<b>UNITS</b>	<b>SUBMITTED AMOUNT</b>	<b>APPROVED AMOUNT</b>	<b>REASON CODES</b>
1	1/24/2011	11	97014	GP	1	29.00	0.00	SF148
2	1/24/2011	11	97140	GP	2	118.00	0.00	SF148
3	1/24/2011	11	97530	59, GP	1	59.00	0.00	SF148
<b>TOTAL SUBMITTED CHARGES</b>						206.00		
<b>TOTAL APPROVED AMOUNT</b>						0.00		
<b>AMOUNT NOT PAYABLE</b>						0.00		
<b>DEDUCTIBLE</b>						0.00		
<b>APPORTIONMENT/PRO RATA</b>						0.00		
<b>PAID AMOUNT</b>						0.00		

<b>EXPLANATIONS</b>
SF148 This procedure was performed for a condition not related to the motor vehicle accident.
<b>PROCEDURE GUIDE</b>
97014 Application of a modality to 1 or more areas; electrical stimulation (unattended)
97140 Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
Other

DATE :3/9/2011

Professional





# EXPLANATION OF REVIEW

*This is not a bill*

<b>CLAIM NUMBER</b>	42-2357-947	<b>OFFICE NAME</b>	State Farm Mutual Automobile Insurance Company Mid America eMed Office					
FAYE HUDSON 208 BOBWHITE CIR MARYVILLE, TN 37803-6501		THERAPY CENTER INC PO BOX 32709 KNOXVILLE, TN 37930-2709						
<b>DATE OF LOSS</b>	3/22/2010	<b>CLAIM HANDLER</b>	Holly Johnson					
<b>NAME INSURED</b>	HUDSON, WILLIAM AND FAYE	<b>ADDRESS</b>	P.O. Box 20707 Murfreesboro, TN. 37129-0088					
<b>POLICY NUMBER</b>	042344942	<b>PHONE</b>	(877) 236-5890					
<b>JURISDICTION</b>	Tennessee	<b>TIN</b>	621-11-0748					
<b>ZIP OF SERVICE</b>	37930-2709							
<b>BILL REFERENCE NUMBER</b>	27191 201480	<b>DATE RECEIVED</b>	2/9/2011					
<b>DIAGNOSIS CODES</b>	781.92 ABNORMAL POSTURE, 728.2 MUSCULAR WASTING AND DISUSE ATROPHY, NOT ELSEWHERE CLASSIFIED, 724.3 SCIATICA							
<b>DRAFT NUMBER</b>								
<b>LINE</b>	<b>DATE OF SERVICE</b>	<b>POS</b>	<b>CPT/HCPCS</b>	<b>MOD/TS</b>	<b>UNITS</b>	<b>SUBMITTED AMOUNT</b>	<b>APPROVED AMOUNT</b>	<b>REASON CODES</b>
1	1/28/2011 1/28/2011	11	97014	GP	1	29.00	0.00	SF148
2	1/28/2011 1/28/2011	11	97140	GP	1	59.00	0.00	SF148
3	1/28/2011 1/28/2011	11	97530	59, GP	3	177.00	0.00	SF148
<b>TOTAL SUBMITTED CHARGES</b>						265.00		
<b>TOTAL APPROVED AMOUNT</b>						0.00		
<b>AMOUNT NOT PAYABLE</b>						0.00		
<b>DEDUCTIBLE</b>						0.00		
<b>APPORTIONMENT/PRO RATA</b>						0.00		
<b>PAID AMOUNT</b>						0.00		

**EXPLANATIONS**

SF148 This procedure was performed for a condition not related to the motor vehicle accident.

**PROCEDURE GUIDE**

97014 Application of a modality to 1 or more areas; electrical stimulation (unattended)

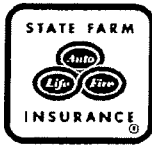
97140 Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes

97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes

Other

**DATE :**3/9/2011

Professional



# EXPLANATION OF REVIEW

*This is not a bill*

<b>CLAIM NUMBER</b>	42-2357-947	<b>OFFICE NAME</b>	State Farm Mutual Automobile Insurance Company Mid America eMed Office					
FAYE HUDSON 208 BOBWHITE CIR MARYVILLE, TN 37803-6501		THERAPY CENTER INC PO BOX 32709 KNOXVILLE, TN 37930-2709						
<b>DATE OF LOSS</b>	3/22/2010	<b>CLAIM HANDLER</b>	Holly Johnson					
<b>NAME INSURED</b>	HUDSON, WILLIAM AND FAYE	<b>ADDRESS</b>	P.O. Box 20707 Murfreesboro, TN. 37129-0088					
<b>POLICY NUMBER</b>	042344942	<b>PHONE</b>	(877) 236-5890					
<b>JURISDICTION</b>	Tennessee	<b>TIN</b>	621-11-0748					
<b>ZIP OF SERVICE</b>	37930-2709							
<b>BILL REFERENCE NUMBER</b>	27191 201760	<b>DATE RECEIVED</b>	3/3/2011					
<b>DIAGNOSIS CODES</b>	781.92 ABNORMAL POSTURE, 724.3 SCIATICA							
<b>DRAFT NUMBER</b>								
LINE	DATE OF SERVICE	POS	CPT/HCPCS	MOD/TS	UNITS	SUBMITTED AMOUNT	APPROVED AMOUNT	REASON CODES
1	2/1/2011 2/1/2011	11	97035	GP	1	59.00	0.00	SF148
2	2/1/2011 2/1/2011	11	97014	GP	1	29.00	0.00	SF148
3	2/1/2011 2/1/2011	11	97140	GP	1	59.00	0.00	SF148
4	2/1/2011 2/1/2011	11	97530	59, GP	1	59.00	0.00	SF148
<b>TOTAL SUBMITTED CHARGES</b>						206.00		
<b>TOTAL APPROVED AMOUNT</b>						0.00		
<b>AMOUNT NOT PAYABLE</b>						0.00		
<b>DEDUCTIBLE</b>						0.00		
<b>APPORTIONMENT/PRO RATA</b>						0.00		
<b>PAID AMOUNT</b>						0.00		

**EXPLANATIONS**

SF148 This procedure was performed for a condition not related to the motor vehicle accident.

**PROCEDURE GUIDE**

97014 Application of a modality to 1 or more areas; electrical stimulation (unattended)

97035 Application of a modality to 1 or more areas; ultrasound, each 15 minutes

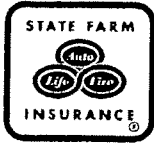
97140 Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes

97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes

Other

DATE :3/9/2011

Professional



# EXPLANATION OF REVIEW

*This is not a bill*

<b>CLAIM NUMBER</b>	42-2357-947	<b>OFFICE NAME</b>	State Farm Mutual Automobile Insurance Company Mid America eMed Office					
FAYE HUDSON 208 BOBWHITE CIR MARYVILLE, TN 37803-6501		THERAPY CENTER INC PO BOX 32709 KNOXVILLE, TN 37930-2709						
<b>DATE OF LOSS</b>	3/22/2010	<b>CLAIM HANDLER</b>	Holly Johnson					
<b>NAME INSURED</b>	HUDSON, WILLIAM AND FAYE	<b>ADDRESS</b>	P.O. Box 20707 Murfreesboro, TN 37129-0088					
<b>POLICY NUMBER</b>	042344942	<b>PHONE</b>	(877) 236-5890					
<b>JURISDICTION</b>	Tennessee	<b>TIN</b>	621-11-0748					
<b>ZIP OF SERVICE</b>	37930-2709							
<b>BILL REFERENCE NUMBER</b>	27191 202320	<b>DATE RECEIVED</b>	3/3/2011					
<b>DIAGNOSIS CODES</b>	781.92 ABNORMAL POSTURE, 724.3 SCIATICA							
<b>DRAFT NUMBER</b>								
<b>LINE</b>	<b>DATE OF SERVICE</b>	<b>POS</b>	<b>CPT/HCPCS</b>	<b>MOD/TS</b>	<b>UNITS</b>	<b>SUBMITTED AMOUNT</b>	<b>APPROVED AMOUNT</b>	<b>REASON CODES</b>
1	2/7/2011 2/7/2011	11	97014	GP	1	29.00	0.00	SF148
2	2/7/2011 2/7/2011	11	97530	GP	3	177.00	0.00	SF148
<b>TOTAL SUBMITTED CHARGES</b>						206.00		
<b>TOTAL APPROVED AMOUNT</b>						0.00		
<b>AMOUNT NOT PAYABLE</b>						0.00		
<b>DEDUCTIBLE</b>						0.00		
<b>APPORTIONMENT/PRO RATA</b>						0.00		
<b>PAID AMOUNT</b>						0.00		

**EXPLANATIONS**

SF148 This procedure was performed for a condition not related to the motor vehicle accident.

**PROCEDURE GUIDE**

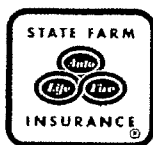
97014 Application of a modality to 1 or more areas; electrical stimulation (unattended)

97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes

Other

**DATE :**3/9/2011

Professional



# EXPLANATION OF REVIEW

*This is not a bill*

<b>CLAIM NUMBER</b>	42-2357-947	<b>OFFICE NAME</b>	State Farm Mutual Automobile Insurance Company Mid America eMed Office					
FAYE HUDSON 208 BOBWHITE CIR MARYVILLE, TN 37803-6501		THERAPY CENTER INC PO BOX 32709 KNOXVILLE, TN 37930-2709						
<b>DATE OF LOSS</b>	3/22/2010	<b>CLAIM HANDLER</b>	Holly Johnson					
<b>NAME INSURED</b>	HUDSON, WILLIAM AND FAYE	<b>ADDRESS</b>	P.O. Box 20707 Murfreesboro, TN. 37129-0088					
<b>POLICY NUMBER</b>	042344942	<b>PHONE</b>	(877) 236-5890					
<b>JURISDICTION</b>	Tennessee	<b>TIN</b>	621-11-0748					
<b>ZIP OF SERVICE</b>	37930-2709							
<b>BILL REFERENCE NUMBER</b>	27191*202713	<b>DATE RECEIVED</b>	3/3/2011					
<b>DIAGNOSIS CODES</b>	781.92 ABNORMAL POSTURE, 728.2 MUSCULAR WASTING AND DISUSE ATROPHY, NOT ELSEWHERE CLASSIFIED, 724.3 SCIATICA							
<b>DRAFT NUMBER</b>								
<b>LINE</b>	<b>DATE OF SERVICE</b>	<b>POS</b>	<b>CPT/HCPCS</b>	<b>MOD/TS</b>	<b>UNITS</b>	<b>SUBMITTED AMOUNT</b>	<b>APPROVED AMOUNT</b>	<b>REASON CODES</b>
1	2/10/2011	11	97014	GP	1	29.00	0.00	SF148
2	2/10/2011	11	97530	GP	3	177.00	0.00	SF148
<b>TOTAL SUBMITTED CHARGES</b>						206.00		
<b>TOTAL APPROVED AMOUNT</b>						0.00		
<b>AMOUNT NOT PAYABLE</b>						0.00		
<b>DEDUCTIBLE</b>						0.00		
<b>APPORTIONMENT/PRO RATA</b>						0.00		
<b>PAID AMOUNT</b>						0.00		

**EXPLANATIONS**

SF148 This procedure was performed for a condition not related to the motor vehicle accident.

**PROCEDURE GUIDE**

97014 Application of a modality to 1 or more areas; electrical stimulation (unattended)

97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes

Other

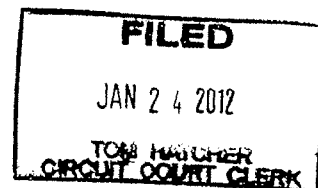
**DATE :**3/9/2011

Professional



WK

IN THE CIRCUIT COURT FOR BLOUNT COUNTY  
AT MARYVILLE, TENNESSEE  
LAW DIVISION



FAYE HUDSON and husband,  
WILLIAM HUDSON,

Plaintiffs,

v.

STATE FARM MUTUAL AUTOMOBILE  
INSURANCE COMPANY and  
JOHN DOE,

Defendants.

§  
§  
§  
§  
§  
§  
§  
§  
§  
§

Civil Action No. L-17552  
Judge David R. Duggan

AGREED ORDER

This matter is before the Court on the agreement of the parties with respect to Plaintiffs' Motion To Amend and that such Motion should be granted.

It is, therefore, ORDERED, ADJUDGED, and DECREED that Plaintiffs' Motion To Amend is hereby GRANTED. Plaintiffs shall file their Amended Complaint for Damages with the Court within ten (10) days after entry of this Order.

Enter pursuant to Tennessee Rule of Civil Procedure 58.

**CERTIFICATE OF SERVICE**

I hereby certify that a true, correct and exact copy of the foregoing has, this day and date, been mailed to the persons listed below at the addresses shown, by depositing same in the U.S. Mail, first class postage prepaid.

Chad Wallace atty

This 25 Day of Jan 20 12

TOM HATCHER, CIRCUIT COURT CLERK  
BY W King

DAVID R. DUGGAN  
CIRCUIT COURT JUDGE

1-24-12

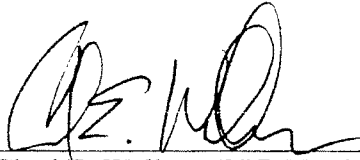
APPROVED FOR ENTRY:

F.D. Gibson *w/permission by CEW*  
Horace M. Brown, BPR No. 001870  
105 North Court Street  
Maryville, Tennessee 37804-5721  
Phone: (865) 982-9489

and

F. D. Gibson, BPR No. 001054  
Gibson & Jenkins PA  
400 Ellis Avenue  
Maryville, Tennessee 37804  
Phone: (865) 983-5642

*Attorneys for Plaintiffs*

  
Chad E. Wallace, BPR No. 021741  
BAKER, DONELSON, BEARMAN,  
CALDWELL & BERKOWITZ, P.C.  
100 Med Tech Parkway, Suite 200  
P.O. Box 3038  
Johnson City, Tennessee 37602  
Phone: (423) 928-0181  
Facsimile: (423) 928-5694  
[cwallace@bakerdonelson.com](mailto:cwallace@bakerdonelson.com)

*Attorney for Defendant State Farm Mutual  
Automobile Insurance Company*

ENTERED

JAN 24 2012

Minute Book 162  
4-5

**BAKER  
DONELSON**  
BEARMAN, CALDWELL  
& BERKOWITZ, PC

TRI-CITIES TENNESSEE/VIRGINIA  
100 MED TECH PARKWAY  
SUITE 200  
JOHNSON CITY, TENNESSEE 37604  
PHONE: 423.928.0181  
FAX: 423.928.5694  
KINGSPORT: 423.246.6191  
MAILING ADDRESS:  
P. O. BOX 3038  
JOHNSON CITY, TENNESSEE 37602

CHAD E. WALLACE  
Direct Fax: 423.979.7639  
E-Mail Address: cwallace@bakerdonelson.com

www.bakerdonelson.com

January 20, 2012

Judge David R. Duggan  
Blount County Justice Center  
948 E. Lamar Alexander Parkway  
Maryville, Tennessee 37804

RE: Hudson v. State Farm Mutual Automobile Insurance Company and John Doe  
Blount County Circuit Court No. L-17552

Dear Judge Duggan:

Enclosed please find a proposed **Agreed Order**. If the proposed Order meets with your approval, please execute it and forward it back to me in the self-addressed, stamped envelope provided. Upon receipt, I will forward the executed Order to the Clerk's office for entry.

If you have any questions or need additional information, please contact me at the telephone number listed above. Thank you for your time and cooperation in this matter.

Very truly yours,

  
Chad E. Wallace

ssr  
Enclosures  
cc: Horace Brown  
F. D. Gibson

IN THE CIRCUIT COURT FOR BLOUNT COUNTY, TENNESSEE

FAYE HUDSON and husband  
WILLIAM HUDSON

Plaintiffs

vs.

NO: L-17552

STATE FARM MUTUAL AUTOMOBILE  
INSURANCE COMPANY AND JOHN DOE

Defendants

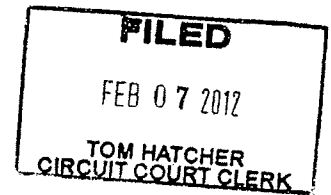
AMENDED COMPLAINT FOR DAMAGES

Comes now the Plaintiff and sue the Defendants for damages as follows:

1. That on March 22, 2010, Plaintiff, Faye Hudson, was injured in an automobile collision within the confines of Blount County, Tennessee.
2. Said collision and resulting injuries were solely caused by an unknown hit and run driver identified as John Doe in the caption. John Doe was travelling too fast for the conditions then existing on the roadway and too closely to Plaintiff's car and did crash into the rear of Plaintiff's vehicle when she was either stopped or slowing down for traffic conditions.
3. John Doe was the sole and proximate cause of the injuries and damages sustained in the collision between the vehicles and violated the following common law duties:
  - (a) Driving too fast for the traffic conditions then existing.
  - (b) Failed to keep his vehicle under control so as to avoid collision with other vehicles.
  - (c) Failed to follow at safe distance behind Plaintiff vehicle

John Doe was also negligent per se for violation of the following statute(s)

1. T.C.A. 55-8-124 –Following too Closely
4. As a result to the collision Plaintiff, Faye Hudson, was caused to suffer serious and painful personal injuries which ultimately required her to seek medical attention and incur medical bills



In order to try to cure her injuries. During the period following the collision, Fay Hudson was caused to suffer pain and suffering, anxiety, destruction of enjoyment of life and fears that she may suffer from her injuries for the rest of her natural life. Judgment is requested for medical bills and other elements of personal injury as well for pain and suffering from her impairments for the rest of her life and loss of enjoyment of life and destruction of her natural rights.

5. At all times relevant herein, William Hudson was the lawful spouse of Faye Hudson and due to the negligence of John Doe has been caused to become liable for the necessary medical expenses of his spouse and lost the companionship and consortium of his spouse for an extended time and may continue to suffer such losses in the future due to the probability of permanent impairment.

6. Plaintiffs also aver that their vehicle was damaged in the collision and depreciated in value and seek judgment for property damages not to exceed \$2,500.00.

7. Defendant State Farm is sued as uninsured motorist provider of Plaintiffs under T.C.A. 56-7-1201 et seq. and individually for violation of Tennessee Consumer Protection Act codified in T.C.A. 47-18-101 et seq. , bad faith under provisions of T.C.A. 56-7-105 and for breach of contract.

8. In support of said claims, Plaintiffs would show that for a period following the collision, Faye Hudson did not seek medical attention as she believed the injuries were temporary and would clear up. However she visited her State Farm Agent in October, 2010 and reported that she would need her medical coverage under the insurance policy due to her ongoing problems. Her injury was acknowledged by State Farm by letter dated November 12, 2010 and Ms. Hudson did sign and return a medical authorization form for the use and benefit of State Farm in her medical coverage case. The accident was timely reported immediately following the collision to her insurance agent and the claim form submitted to State Farm noted injury to Faye Hudson.

9. Mrs. Hudson first required medical treatment on January 18, 2011, within the one year period specified in the prior letter from State Farm. She was examined, tested, prescribed medications and referred to therapy. Bills have been submitted to State Farm and said company has failed and refused to honor its contract and has refused to pay said bills. This action violates bad faith provisions of law and subjects said Defendant to the penalties outlined in T.C.A. 56-7-105. Plaintiffs here aver that their medical payments coverage contract with State Farm was for \$1,000.00 in benefits.

10. State Farm generated another letter dated January 17, 2011 advising the Plaintiffs of the Pending Statute of Limitation date of March 22, 2011. The letter gave advice that legal action must be filed against the State Farm insured listed in the letter as Faye Hudson or be forever prohibited by the Statute of Limitations. By this date, State Farm knew, or should have known in the exercise of due diligence that the claim was for an unidentified driver and would be under uninsured motorist contract of their policy. Also, upon information and belief, State Farm did no investigation of the collision despite a duty to do so under the provisions of their policy contract. The information in the letter was generated by a State Farm employee or agent doing services for said Defendant and the data and instructions were both misleading, false and calculated to confuse the recipient. State Farm is a long established liability insurance provider and well knows the procedures for filing against a hit and run driver, as in this case. This letter constitutes an unfair or deceptive practice and renders the sender liable under T.C.A. 47-18-104(b)(27) and under the theory of imputed liability.

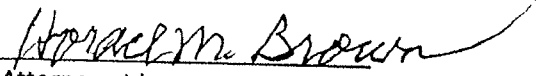
11. As a result of the erroneous instructions, Plaintiffs were misled into possibly filing the case in the wrong manner, pro se. Plaintiffs aver that all times, the authors of the letters referred to herein were acting on behalf of and solely for the benefit of State Farm. Said Defendant has mainly created the situation and now seeks to benefit from its own misconduct and has breached its contract with Plaintiffs and its duty of good faith.

12. Plaintiffs aver that the Incurred medical expenses of Faye Hudson are under \$4,000.00 and are attached as exhibit to this Complaint. Under Tennessee law, such expenses are deemed reasonable and necessary in the consideration of damages.

WHEREFORE, PLAINTIFFS seek judgment against Defendants for personal injuries of Faye Hudson in an amount not to exceed THIRTY FIVE THOUSAND (\$35, 000.00) DOLLARS plus treble damages and attorney fees under T.C.A. 47-18-101 et seq. for the conduct of State Farm in this matter. In addition and alternately, PLAINTIFFS seek judgment for up to THIRTY FIVE THOUSAND (\$35,000.00) DOLLARS' on the theory of imputed liability and bad faith penalty allowed under T.C.A. 56-7-105 for failure to pay the lawful claim for medical expenses. As prayed for herein, PLAINTIFFS also seek judgment for property damages up to TWO THOUSAND FIVE HUNDRED (\$2,500.00) DOLLARS and Plaintiff, WILLIAM HUDSON seeks judgment for loss of consortium and companionship in an amount not to exceed TEN THOUSAND (\$10,000.00) DOLLARS plus court costs , litigation taxes and any discretionary costs.

Horace M. Brown  
105 N. Court St.  
Maryville, TN. 37804 and  
F. D. Gibson III  
222 Ellis Ave.  
Maryville, TN. 37804  
Attorneys for Plaintiffs

BY:

  
Attorney at Law

COST BOND

The undersigned principals and surety do bind ourselves liable for costs as prescribed by law

WILLIAM HUDSON- Plaintiff  
FAYE HUDSON - Plaintiff  
As Principals

HORACE M. BROWN  
Attorney at Law as Surety

BY: Horace M. Brown  
HORACE M. BROWN  
Attorney for Principals



CERTIFICATE

I certify that a true and exact copy of the foregoing pleading has been placed in the US Mail this 7 day of FEBRUARY, 2012, to Chad Wallace, Attorney for Defendants, P. O. Box 3038, Johnson City, TN 37602.

  
\_\_\_\_\_  
F. D. GIBSON

**IN THE CIRCUIT COURT FOR BLOUNT COUNTY, TENNESSEE**

**FAYE HUDSON and husband  
WILLIAM HUDSON**

**PLAINTIFFS**

**VS**

No. **L-17552**

**STATE FARM MUTUAL AUTOMOBILE  
INSURANCE COMPANY AND JOHN ROE**

**DEFENDANT**

**AFFIDAVIT IN SUPPORT FOR AMENDED DAMAGES**

The undersign, Faye Hudson, residing at 208 Bob White Circle  
Maryville, Blount County Tennessee make the following oath in  
due form of law as follows:

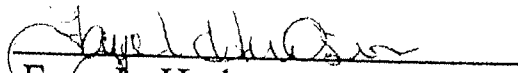
1. I was in injured in a motor vehicle accident on March 22,  
2010 on Broadway Road near Eagleton Village,  
Maryville, Blount County, Tennessee.
2. That as a direct consequence of the accident I received  
personal injury and incurred the following medical  
expenses:

1. Marino Therapy	\$ 2,259.00
-------------------	-------------

2. Park Med Urgent Care Center 110.00  
Total Charges \$ 2,369.00

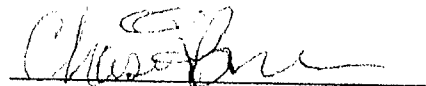
3. See attached collective exhibits evidencing the charges and methods credit and payments.

Signed this 2 day of December 2011

  
Faye L. Hudson

STATE OF TENNESSEE   )  
                                  )  
BLOUNT COUNTY        )

Before the undersign, a Notary Republic, appeared Faye L. Hudson, on the 2 day of December 2011, and made an oath in my presence that he signed the aforesaid Affidavit.

  
Notary Republic  
My Commission Expires: 4-15-11

# Patient Statement Inquiry

Patient : 27191 - Hudson, Faye

01-19-2011	97001	Phys Therapy Eval	1.00	168.00
	97014	E-stim Unat	1.00	29.00
01-24-2011	97014	E-stim Unat	1.00	29.00
	97140	Manual.Ther	2.00	118.00
	97530.59	Funct Activity	1.00	59.00
01-28-2011	97014	E-stim Unat	1.00	29.00
	97140	Manual.Ther	1.00	59.00
	97530.59	Funct Activity	3.00	177.00
02-01-2011	97035	U.S.	1.00	59.00
	97014	E-stim Unat	1.00	29.00
	97140	Manual.Ther	1.00	59.00
	97530.59	Funct Activity	1.00	59.00
02-02-2011	Statement	Statement of Account printed 02-02-2011		
02-07-2011	97014	E-stim Unat	1.00	29.00
	97530	Funct Activities	3.00	177.00
02-10-2011	97014	E-stim Unat	1.00	29.00
	97530	Funct Activities	3.00	177.00
02-11-2011	97014	E-stim Unat	1.00	29.00
	97530	Funct Activities	3.00	177.00
02-23-2011	97140	Manual.Ther	1.00	59.00
	97530.59	Funct Activity	2.00	118.00
02-25-2011	97140	Manual.Ther	1.00	59.00
	97530.59	Funct Activity	2.00	118.00
02-25-2011	Payment	Patient paid \$78.00 for DOS 02/23/2011-02/23/2011 via check # 1328, Batch # maryville022511.		-78.00
02-28-2011	97140	Manual.Ther	1.00	59.00
	97530.59	Funct Activity	2.00	118.00
02-28-2011	Payment			0.00
02-28-2011	Payment			0.00
02-28-2011	Discount	self pay Discount of \$214.00 for DOS 02/11/2011-02/23/2011.		-115.00
02-28-2011	Discount	self pay Discount of \$214.00 for DOS 02/11/2011-02/23/2011.		-99.00
02-28-2011	Discount	Discount of \$198.00 for DOS 02/25/2011-02/28/2011.		-99.00
02-28-2011	Discount	Discount of \$198.00 for DOS 02/25/2011-02/28/2011.		-99.00
03-02-2011	Statement	Statement of Account printed 03-02-2011 Patient Balance: \$247.00 Insurance Balance: \$1,288.00 Statement Type: 8		
03-07-2011	97140	Manual.Ther	2.00	118.00
	97530.59	Funct Activity	2.00	118.00
03-11-2011	Payment			0.00
03-11-2011	Payment	Patient paid \$247.00 for DOS via check # 1338, Batch #MAIL031111.		-91.00

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From RMT By mxipon

Page 1

# Patient Statement Inquiry

Patient : 27191 - Hudson, Faye

03-11-2011	Payment	Patient paid \$247.00 for DOS via check # 1336, Batch #MAIL031111.	-78.00
03-11-2011	Payment	Patient paid \$247.00 for DOS via check # 1336, Batch #MAIL031111.	-78.00
03-11-2011	Discount	Discount of \$134.00 for DOS 03/07/2011-03/07/2011.	-134.00
03-30-2011	Payment	State Farm paid \$0.00 for DOS 01/19/2011-02/10/2011 via check # PhoneCall, Batch # mjh0311. Per Mary w/ State Farm claims denied due to after review not due to auto accident.	0.00
03-30-2011	Payment	State Farm paid \$0.00 for DOS 01/19/2011-02/10/2011 via check # PhoneCall, Batch # mjh0311. Per Mary w/ State Farm claims denied due to after review not due to auto accident.	0.00
03-30-2011	Payment	State Farm paid \$0.00 for DOS 01/19/2011-02/10/2011 via check # PhoneCall, Batch # mjh0311. Per Mary w/ State Farm claims denied due to after review not due to auto accident.	0.00
03-30-2011	Payment	State Farm paid \$0.00 for DOS 01/19/2011-02/10/2011 via check # PhoneCall, Batch # mjh0311. Per Mary w/ State Farm claims denied due to after review not due to auto accident.	0.00
03-30-2011	Payment	State Farm paid \$0.00 for DOS 01/19/2011-02/10/2011 via check # PhoneCall, Batch # mjh0311. Per Mary w/ State Farm claims denied due to after review not due to auto accident.	0.00
03-30-2011	Payment	State Farm paid \$0.00 for DOS 01/19/2011-02/10/2011 via check # PhoneCall, Batch # mjh0311. Per Mary w/ State Farm claims denied due to after review not due to auto accident.	0.00
04-04-2011	Statement	Statement of Account printed 04-04-2011 Patient Balance: \$1,388.00 Insurance Balance: \$0.00 Statement Type: 8	
04-06-2011	Statement	Statement of Account printed 04-06-2011 Patient Balance: \$1,388.00 Insurance Balance: \$0.00 Statement Type: 8	
05-03-2011	Statement	Statement of Account printed 05-03-2011 Patient Balance: \$1,388.00 Insurance Balance: \$0.00 Statement Type: 8	
		Total Charges on Account:	2259.00
		Total Payments on Account:	-325.00
		Total Discounts on Account:	-646.00
		Total Account Adjustments:	0.00
		Total Account Charge Reversals:	0.00
		Account Balance Due:	1388.00

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From RMT By mtipton

Page 2

**For Billing Inquiries**  
Call: (866) 282-3000  
or mail to:  
P.O. Box 52552  
Knoxville, TN 37950  
or 1-866-282-3000

PHYSICIAN

DATE \_\_\_\_\_

Time 10

**AM**

PM

20

INS/COMPANY

LOCATION

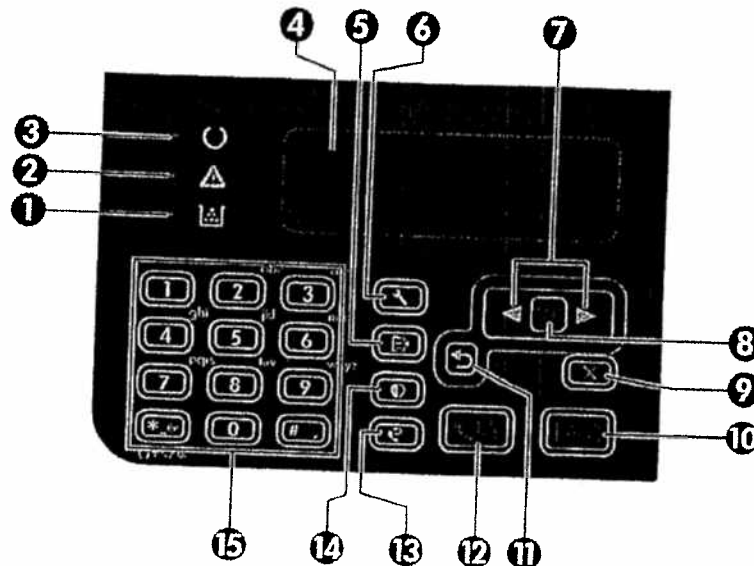
LOCATION —

Case 3:12-cv-00083-RLH-HBG Document 1-1 Filed 02/21/12 Page 94 of 96 PageID #: 98



# LASERJET PROFESSIONAL M1210 MFP SERIES

## Quick Reference for Control-Panel Buttons and Lights



Item	Icon	Description
1		<b>Toner-level status light:</b> Indicates the level of toner in the print cartridge is low.
2		<b>Attention light:</b> Indicates a problem with the product. View the LCD display for a message.
3		<b>Ready light:</b> Indicates the product is ready or is processing a job.
4		<b>LCD display screen:</b> Displays status information, menus, and messages.
5		<b>Copy Settings button:</b> Opens the <b>Copy Settings</b> menu. To use the <b>ID Copy</b> feature, press the button repeatedly until <b>ID Copy</b> displays.
6		<b>Setup button:</b> Opens the menus.*
7		<b>Left and right arrows:</b> Enter and navigate through the menus. Decrease or increase the current value on the screen. Move the screen cursor backward or forward one space.
8		<b>OK button:</b> Acknowledges a setting or confirms an action to proceed.
9		<b>Cancel button:</b> Cancels the current job, or clears the last setting you made. When the product is in the Ready state, press this button to reset the copy settings to the default values.
10		<b>Start Copy button:</b> Starts a copy job.
11		<b>Back arrow:</b> Returns to the previous level in the menus.
12		<b>Send Fax button:</b> Starts a fax job.
13		<b>Redial Fax button:</b> Recalls the last digits used for the previous fax job.
14		<b>Darker/Lighter copy button:</b> Adjusts the darkness setting for the current copy job.
15		<b>Numeric keypad:</b> Use the keypad to enter fax numbers or to enter data.

\*For more information see the user guide on the product CD.

***GIBSON & JENKINS, P.A.***  
***Attorneys at Law***

F. D. Gibson, III  
Gina M. Jenkins

222 ELLIS AVENUE  
MARYVILLE, TN 37804

(865) 983-5642  
Fax (865) 681-3523

February 7, 2012

Circuit Court Clerk  
926 E. Lamar Alexander Parkway  
Maryville, TN 37804

RE: HUDSON  
VS. STATE FARM MUTUAL AND JOHN DOE

Dear Clerk:

Enclosed is Amended Complaint to be filed in the above matter pursuant to the Agreed Order entered January 24, 2012.

Yours very truly,

A handwritten signature in cursive script, appearing to read 'F. D. Gibson', written in dark ink.

F. D. GIBSON  
Enclosure  
FDG/lr